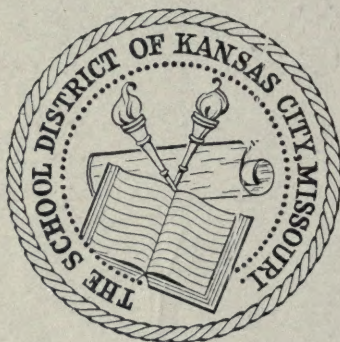


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Social Hygiene

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NO. 1

THE BUREAU OF SOCIAL HYGIENE

JEROME D. GREENE

The modern attitude toward social problems is one of many manifestations of the scientific spirit as applied to the various affairs of life. In the fields of industry and commerce that spirit has led to a revolution in method and an enormous increase in the scope of human activity directed toward the material welfare of the individual and the community. In other words, the basic human impulse toward acquisition and self-betterment in material things has taken possession of the scientific method as an instrument whereby that ancient, universal, and dominating impulse can accomplish its purposes with far greater efficiency than ever before. In the same way the impulses, which, with perhaps more regard for convenience than for philosophical accuracy, we may describe as social or philanthropic, are now taking possession of the scientific method as the most effective means of accomplishing their objects. In one respect the application of the scientific method to social betterment is peculiarly significant: the desire for material gain is practically universal and almost always dominant in one form or another. Self-interest will always stimulate the human animal to secure as many of the material necessities and luxuries of life as he can get, but the desire for social betterment, while possibly universal, is often rather latent, or subordinate, than dominant, and depends for its forceful and insistent expression upon the leadership of selected individuals constituting a relatively small proportion of the whole community. Its appeal to the community

is largely through the emotions, and, as these are usually spasmodic in their expression, the motive power behind social reform is likely to be intermittent, fitful, and sometimes hysterical. The scientific spirit, on the other hand, is steady, persevering, untiring, whether it be directed toward the discovery of truth, or toward the rational application of ascertained truth to the affairs of life. Science furnishes the chart and compass and the means of steady propulsion to the ship of social reform, enabling it not only to profit to the utmost by the favoring winds of public emotion and sympathy, but also to keep on through the gales of anti-social opposition and the even more ominous calms of public apathy.

In no field of social reform has the need of the scientific method been more manifest than in that of the evils associated with prostitution. Flagrant as those evils have always been, and brutally as they have outraged the finer sensibilities of the race in their antagonism to health and moral fiber, and thus to all that goes to make up "the durable satisfactions of life," they have been so inseparably linked with the enduring human passions of lust and greed that the periodic emotional attack upon them, however strongly sanctioned by ethical and religious considerations, has accomplished but little toward their suppression.

Thoughtful persons have for some years past given much attention to the problem of directing into some steady and effective channel the unquestionably general, if often ineffective, public opinion that exists against prostitution, especially in its commercialized forms, and useful committees have been formed in many cities with this object in view. The Committee of Fourteen in New York City is an admirable example. Its usefulness has been directly proportioned to the continuity of its activity, which has fortunately endured long after the upheaval of popular feeling in which it had its origin. The very experience of such committees has, however, demonstrated the need of another kind of agency which should be equipped to deal in a more fundamental manner with the same general problem of prostitution in all its varied aspects. What are the facts as to the nature and prevalence of the evil in this and other countries,

in this and other times? What are its moral, physical, and social consequences, and what are the measures by which society has sought to defend itself against them? How have these measures worked? What have been the apparent factors of their success or failure? What relations, if any, exist between the prevalence of prostitution and industrial and social conditions, and to what extent may these conditions be modified so as to reduce the evil? It was for the purpose of providing public opinion and the agencies representing it with an armory of reliable facts and tested methods that the Bureau of Social Hygiene was founded in New York in 1911 by Mr. John D. Rockefeller, Jr. The purpose of the Bureau, as subsequently stated in its Articles of Incorporation (1913), is "the study, amelioration, and presentation of those social conditions, crimes, and diseases which adversely affect the well-being of society, with special reference to prostitution and the evils associated therewith."

In setting itself resolutely to attack this formidable program, the Bureau adopted a policy of careful opportunism which has proved to be almost ideal from a logical and strategic point of view. As adventurers in what was to them a new field, the members of the Bureau sought a first acquaintance with the problem in the community with which they were most familiar, namely, New York City. In many respects the evils to be investigated might be expected to present their typical forms in a great metropolitan center, and the influence of any lessons learned from a study of New York was sure to be widely felt. In the next place, the Bureau was able to secure in the person of Mr. George J. Kneeland an investigator whose ability, integrity, and experience qualified him in an almost unique manner both for the skillful handling of an extremely delicate and difficult task, involving the choice of competent assistants, and for the critical use of the data secured—data which would be almost valueless in hands not specially fitted for their appraisal. The lot of the investigator of vice is so hazardous, and his work is so susceptible of being discredited, that the standardization of this kind of special investigation in such a way as to make

its results largely trustworthy, is a public service for which alone great credit should be given. To Mr. Kneeland was assigned the study of commercialized prostitution in New York City, and the fruit of that study was a volume issued in the latter part of 1913 as the first publication of the Bureau of Social Hygiene.¹

Mr. Kneeland's volume was noteworthy for two reasons: first, because it set a new standard for all efforts to ascertain the facts as to the varied forms and extent of vice in an American city and as to the commercial methods pursued; second, because it furnished an effective background of facts, and an excellent introductory experience for the subsequent studies of the Bureau; and third, as will be remarked later, because for the first time it provided a fairly accurate basis for measuring the efficacy of a new police administration in New York City in respect to its success in actually reducing the volume of immoral traffic as conducted in resorts of various types or as promoted in the streets. Included in this volume is a chapter by Dr. Katharine B. Davis, formerly superintendent of the State Reformatory for Women at Bedford Hills, recording the results of a study of prostitutes committed from New York City to that reformatory. The Bureau of Social Hygiene has established at Bedford Hills, in connection with the State Reformatory, a Laboratory of Social Hygiene under the direction of Dr. Davis. "In this laboratory," according to the official statement issued by the Bureau, "the physical, mental, social, and moral side of each person committed to the reformatory is being studied. When the diagnosis is completed, treatment is recommended which seems most likely to reform the individual; if reformation appears to be impossible, permanent custodial care is suggested. Furthermore, reaching out beyond the individuals involved, it is believed that important contributions may thus be made to the knowledge of conditions ultimately responsible for vice." The Laboratory of Social Hygiene presents a unique opportunity of studying some of the more fundamental problems, social, med-

¹ *Commercialized Prostitution in New York City*. By George J. Kneeland. The Century Company, New York, 1912. 334 pp.

ical, and penological, that have to do with prostitution, especially in its relation to crime. The Bureau has been fortunate in securing the services of a group of eminent advisers for this branch of its work, and the hope is warranted that far-reaching results will be secured. The danger in all such enterprises is that problems lying near the surface will be mistaken for fundamental ones, and this is especially true of an enterprise controlled by laymen. It is seriously open to question whether our knowledge of the really basic factors of behavior as manifested in the higher vertebrates, as well as in man himself, is yet sufficient to provide a stable foundation for sociological studies, and it is to be hoped that the Bureau of Social Hygiene will fully realize the opportunity it has of developing this vitally important field of study.

While the material for Mr. Kneeland's work on commercialized vice in New York City was being collected and studied, the Bureau of Social Hygiene enlisted Mr. Abraham Flexner now of the General Education Board in a study of the general problem of prostitution in Europe. Nearly two years were devoted to this task, and the result was a volume issued in the latter part of 1913 under the title, *Prostitution in Europe*.² It is not too much to say that this volume constitutes the most valuable single contribution to the solution of the problem of prostitution in this country. This remarkable result was achieved, not by any dogmatic enunciation of theories new or old, and least of all by the discovery of any panacea for the evils associated with prostitution; it was achieved by a simple, clear, straightforward, and impartial presentation of the facts of European experience with regard to the prevalence of the evil, the various methods of dealing with it, and the results apparently attributable thereto. Since the appearance of Mr. Flexner's book, it has become impossible for any intelligent person in this country, professing a desire for a practical as distinguished from a sentimental or puritanical attitude toward the problem of prostitution, to refer to European methods of regulation and toleration, or to their

² *Prostitution in Europe*. By Abraham Flexner. The Century Company, New York, 1914. 455 pp.

supposed result in limiting the extent of vice and disease, as offering the only key to the rational handling of the problem in this country. Mr. Flexner has shown us that regulation does not regulate, that segregation does not segregate, and that systems of medical examinations are not only a farce, more or less honestly administered, but are probably worse than useless. To have established these facts as clearly as Mr. Flexner has done, would have been an achievement amply justifying the establishment of the Bureau of Social Hygiene and the expenditure of many times the amount of money that has been devoted to its work. But Mr. Flexner has done much more than to break down a false reliance upon the supposed teachings of a somewhat mythical European experience. By his critical observation of the result of various attitudes assumed in different parts of Europe toward the subject of prostitution, ranging from the most complacent toleration to various forms of regulation and repression, he has established a conclusion so important that it should be stated in his own words:—

“Whatever one may hold as to ultimate dealings with the subject, it is clear that prostitution is at any rate a modifiable phenomenon. For example, no matter what conditions exist at this very moment, they are capable of aggravation. If bordels are established and allowed a free hand in procuring inmates and business, if a community ceases to be concerned as to the condition of the streets, as to the conduct of the liquor and amusement traffic, there is no doubt that under these circumstances the number of prostitutes and the volume of business transacted by them would at once increase, and in consequence, also the amount of waste and disease traceable thereto.

“The converse of the proposition is equally true. If prostitution and its evils can by social arrangements be increased, they can also by social arrangements be lessened. If unhampered exploitation and prominence make matters worse, then interference with exploitation and prominence makes matters better.”

The one inescapable conclusion from a study of the facts which Mr. Flexner has put before us with the most scrupulous abstention from argument or dogmatic assertion, is that prostitution is a *modifiable phenomenon*, and that the question whether its

total volume, and consequently the volume of all its attendant evils, shall be held to a minimum, depends upon whether there is a well-sustained attitude of antagonism on the part of the community. The police are an important factor in the expression of this antagonism, but the capacity of even the best police force in the world to do more than the community wants it to do, has limits that must not be ignored. The roots of prostitution, as Mr. Flexner points out, "strike deep socially and individually," and the problem of eradication, and even of control, goes far beyond the question of mere repression; and yet repression, intelligently conceived and adapted to the varying conditions of different communities, is one, clear, first step. It is not too much to assert that the conclusions to be drawn from Mr. Flexner's studies have given heart and confidence to police administrations and other social agencies in many cities of this country in pursuing a policy of unyielding antagonism to prostitution, and that in so doing they are responding to, and gaining the support of, public opinion to an extent that has never been possible before.

While recognizing that the problem of prostitution goes far beyond the question of police control, the Bureau of Social Hygiene has attached great importance to the efficiency of police administration as one of the principal means by which the will of the community in regard to prostitution is carried into effect. For this reason, Mr. Raymond B. Fosdick of New York, formerly Commissioner of Accounts, was enlisted in the service of the Bureau. He began by making a careful study of European police systems, especially those of London, Berlin, Paris, and Vienna. The result of his study was an admirable volume issued early in 1915 under the title, *European Police Systems*.³ The book contains much that is of great value and interest in regard to the recruiting, administration, and methods of work of the various branches of the police in the principal countries of Europe. From a technical standpoint it has been recognized as a valuable contribution to the theory and practice

³ *European Police Systems*. By Raymond B. Fosdick. The Century Company, New York, 1915. 442 pp.

of police administration. To the general reader, the one striking conclusion of this work is that the United States has almost everything to learn from the widely different types of police service in Europe regarding the maintenance of the integrity and efficiency of the police force, and especially regarding the importance of recognizing the highly technical and professional character of the more responsible police officials.

Fortunately for the City of New York, it has had during the past three years a mayor and a police commissioner actuated by the highest ideals of administrative efficiency, and by an ambition to promote the professional and technical efficiency of the police force by every means in their power. The result has been that a unique opportunity has been provided for studying the effect upon vice conditions in New York of a police administration that has been actuated, not by a spasm of reform but by an intensely practical, open-minded and conscientious spirit, and that has tried to apply, as well as local conditions permit, the most effective policies suggested by the experience both of this country and of Europe. In general, it has been evident that the attitude of the New York Police Department under Mayor Mitchel and Commissioner Woods, has been in accord with the conclusions to be derived from the Bureau's studies of prostitution in Europe. In other words, the policy has been one of vigilant and uncompromising hostility to commercialized vice, with the result that the way of exploiters of vice has become more and more difficult and unprofitable. A comparison made by the Bureau of Social Hygiene between the conditions in regard to disorderly resorts and street conditions as shown by the Kneeland report and by a second examination made in 1915, affords an illuminating and unanswerable confirmation of Mr. Flexner's statement regarding the "modifiability" of prostitution.⁴ After giving statistics showing, for example, the reduction in the number of a certain type of resort from 142 to 23, and of their inmates from 1686 to hardly more than 50, the Bureau's report states:—

⁴ *Commercialized Prostitution in New York City*. A comparison between 1912 and 1915. 1915. 15 pp.

"The method of conducting the business of prostitution in these resorts has changed to a marked extent. The commercialized aspects, such as the sale of liquor, sale of clothes to inmates at exorbitant prices, the promiscuous and open methods of advertising and stimulating the trade, the excessive charges to inmates for board, the buying and selling of shares in houses, the activity of real estate agents in renting houses for immoral purposes at advanced rentals, the long hours of service demanded of inmates, and other features of exploitation have been practically eliminated."

The Bureau announces that the results of an examination of the police organizations and methods of American cities will be published during the present year, and that a report on prostitution in the United States is also in course of preparation.

The activities of the Bureau of Social Hygiene during the first five years of its existence offer ground for confidence that its methods of careful and impartial investigation and its wise policy of publishing the results of investigation will be of great service to this country and to other countries as well. While the Bureau has already accomplished much more than enough to justify its establishment, even if it should now cease to exist, a large factor in its potential usefulness to the community is to be found in the continuity of its labors. As Mr. Rockefeller stated in the introduction to the first volume published by the Bureau, the forces of evil are never greatly alarmed at the organization of investigating or reform bodies of an ephemeral character. The establishment of the Bureau was based on the conviction that "in order to make a real and lasting improvement in conditions, a permanent organization should be created, the existence of which would not be dependent upon a temporary wave of reform nor upon the life of any man or group of men, but which would go on, generation after generation, continuously making warfare against the forces of evil." By this pledge of persistent and unremitting activity, the Bureau of Social Hygiene has established itself as the permanent ally of all other agencies through which the social hygiene of the community is being advanced.

GET HOME FROM THIRD¹

The Detroit News some time ago printed a baseball editorial about Moriarty and how he won a game for the Tigers by stealing home from third. Here is part of it:—

“Don’t die on third!

“What are you doing to win the score that life is ready to mark up against your name? Third base has no laurels on which you can rest. What are you doing on third? Are you waiting for someone to “bat you in?” Suppose he misses; his miss is yours, too. If you place all your dependence on someone else, his failure spells yours. What are you doing on third? Waiting for “something to turn up?” Don’t—nothing turns up, but the thumbs of the thousands of men who watch you may turn down, and make you a permanent failure. Moriarty wouldn’t have scored had he waited, for Mullin didn’t hit the ball—and that run was absolutely necessary to save the game. That run was gained in an unmeasurable fraction of time, but the difference between success and failure is very, very often measured in seconds.

“Don’t die on third.

“Had Moriarty been out the night before, he would have played the game according to routine; but Moriarty doesn’t carouse. He doesn’t smoke or drink. He is old-fashioned enough to go to church on Sunday. He knows that a clean life means a clear head. He knows that legs that tread the path of irregularity cannot win when running 90 feet against a swift ball that travels 60 feet. He respects his body and his mind, and they in turn serve him up to the last fraction of their power. Moriarty’s run was not a foolhardy dash. It wasn’t a toss-up with luck. It was deliberate, mathematical work. Any fool could have led off spectacularly, but only a trained body and an alert mind could have stolen home right under the nose of the catcher whose hands were closing over the ball. Even a game means work. Work itself is a game and has its rules as its sudden openings. So, don’t die on third. Bring to third every bit of your honest strength; study conditions; postpone thinking of your luck until you hear the umpire call ‘safe.’

“Then you’ll score all right.”

¹*Get Home from Third.* Reprinted by the Pennsylvania Lines, Passenger Department.

CLINICS FOR VENEREAL DISEASES¹

WHY WE NEED THEM; HOW TO DEVELOP THEM

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I

The venereal diseases are so prevalent, so insidious in their attack, and so indirect in their methods of maiming and killing their victims that the public is still without an organized defense against them. The continuance of this state of unpreparedness is favored by the complicated relations between the medical and the moral aspects of their eradication. For the present purpose it is desirable to present the venereal diseases as a preventive medicine problem, and on that basis to emphasize the strategic position held by the dispensaries and hospitals.

TEN SANITARY AXIOMS

Sir Ronald Ross in his ten sanitary axioms applicable to the prevention of all diseases holds that, next to the maintenance of the state, it is the duty of scientific government to endeavor to control widespread endemic diseases; that, for economic reasons alone, governments are justified in spending for the prevention of such diseases a sum of money equal to the loss which they inflict on the people, and that in general the money thus spent should be apportioned in accordance with the amount of sickness and mortality caused by each; that it is the duty of governments to make and enforce ordinances required for the prevention of diseases, and the duty of the people to comply fully with the provisions of such laws; that other things being equal, those sanitary measures are the wisest which cause the public the least inconvenience, the most practicable which can

¹ Presented at the meeting of the American Hospital Association, Philadelphia, Pa., September 26, 1916. Printed by courtesy of *The Modern Hospital*.

be administered with a minimum demand upon the thoughts, efforts, or compliance of private persons, and the most economical which confer for unit of cost the widest benefits on the public. Finally, that a suitable expert organization is always required for the prevention of diseases on a large scale, and it is advisable to carry out accurate and repeated measurements of the prevalence of the disease which we propose to prevent, of the cost of the adopted measures, and of the results obtained.

SCIENTIFIC KNOWLEDGE OF VENEREAL DISEASES ADEQUATE FOR ACTION

In the abstract these axioms are acceptable to the public, but in their concrete application to the venereal diseases not one of them is in force. Syphilis and gonococcus infections are communicable diseases due to identified organisms; their methods of transmission are known, and practical laboratory and clinical technique has been worked out for diagnosing each of them; they are widely prevalent throughout the world among individuals of every race, sex, age, and condition of people; they find their chief opportunity for dissemination in the intimate personal contact of infected individuals with other individuals who are susceptible, they are largely but not exclusively transmitted through the promiscuous sex relations defined as prostitution and condemned by society as harmful alike to the health, the morals, and the social progress of a people; recent methods of therapy make practicable the shortening of the period of infectivity and improve the chances of ultimate recovery of the patient submitting to early and thorough treatment; once contracted, they may run their course to practical recovery with or without medical assistance, but under present conditions an unknown and large percentage of those infected never completely regain their health or cease to be carriers, and, therefore, are a continuous menace to society. Syphilis in its early stages is especially a public danger, while in its late manifestations the danger is largely confined to the individual himself; gonorrhea, on the contrary, while a public danger at all times, is particularly

damaging to the individual in its early acute development, and later becomes an insidious danger to those intimately associated with him, especially within his home and family.

THE LINES OF ATTACK THE SAME AS FOR OTHER DISEASES

In a word, we know the cause of these diseases; we know that human carriers afford their chief mode of dissemination; we know that in prevalence and injury to the people they are not outranked by any others of the communicable disease group; and we know that theoretically we should proceed to apply these facts exactly as we apply the similar facts concerning other preventable diseases. Reduced to simplest terms this means the adoption and enforcement of (1) measures for the discovery, treatment, and control of individuals already infected; (2) measures for the elimination of conditions of environment favoring the dissemination of the infection; (3) measures for the protection of individuals not yet infected. In practice the application of such measures is exceedingly difficult, and cannot proceed more rapidly than the formation of public opinion upon the importance of eradicating these diseases.

EARLY DIAGNOSIS FAVORS SUCCESS BOTH IN TREATMENT AND IN PREVENTION

The need for laboratory examination for evidence of syphilis and gonococcus infections has been one of the first practical measures to obtain public recognition, and facilities for this purpose are being rapidly supplied through health departments and other public or private agencies. Other methods of encouraging the discovery of persons infected are being tried out. Announcements of free advice and treatment service for venereal diseases have been printed in newspapers, posted as signs, and circulated in instruction leaflets. Examinations for evidence of infectious diseases (including syphilis and gonococcus infections) have been requested or required of candidates for employment in many occupations. Regulations requiring the reporting of venereal diseases have been enacted in thirteen states, and three

cities in other states. Health certificates, whose major requirement is evidence of freedom from venereal disease, have been demanded by the officiating clergyman or as a state regulation for license to marry. An increasing number of parents are demanding similar evidence as a protection to their daughters in arranging marriage. The army and navy recruiting stations have made their examination for these diseases more rigid, and after enlistment failure to report the earliest appearance of infection or even exposure is followed by severe penalties and reduction in pay. Some of our colleges and universities are beginning to use the opportunity to protect their students and the homes from which they come by examination for these diseases and treatment of those found infected. Similarly, several hospitals have instituted measures, including a Wassermann examination for all patients admitted. Physicians are becoming interested in the social aspects of the problem and are finding it feasible to report cases.

ESSENTIAL TO KEEP PATIENTS UNDER SUPERVISION UNTIL COMPLETION OF TREATMENT

A large number of infected individuals, having been discovered through these various agencies collectively, there immediately arises the demand for adequate treatment facilities. Only a small proportion of these cases can afford to become private patients; for those remaining, proper dispensary and hospital facilities are urgently needed. From the preventive medicine point of view discovery and initial treatment are useless unless all the detected cases can be kept under treatment until no longer infectious, and can be so controlled in their homes and occupations that measures for the protection of their associates will be carried out. This necessity for treatment facilities is slowly becoming recognized by the public, and here and there encouraging work has begun. Free and pay clinics with both day and evening services are being established. Departments of syphilology have been created and departments for genito-urinary, gynecological, and dermatological diseases are giving more attention to the subject. Regulations for discharge of

patients, measures for keeping patients under treatment until thus discharged, and active social service follow-up methods, during this period, have been devised. While this work is only in its beginning, enough has been accomplished to complete the proof that a practical program exists for the first group of measures for the reduction of venereal diseases, i.e., measures for the discovery, treatment, and control of individuals already infected.

THE OPPORTUNITIES FOR THE CARRIERS TO SPREAD THE DISEASES MUST BE ELIMINATED

The second group—those measures dealing with the elimination of environmental conditions favoring the dissemination of syphilis or gonococcus infections—is largely concerned with the repression of prostitution, since the men and women who practice promiscuous sex intercourse are the human carriers on whom these diseases chiefly depend for transmission. Logically, the red light districts of commercialized vice challenge the attention of health departments and other forces coöperating in health conservation as strongly as tenement districts with their poverty and overcrowding. A new kind of clean-up campaign is being added to those already devised in behalf of the battles against tuberculosis, malaria, hook-worm, and other endemic diseases. Ways and means of gradually limiting the commercial gains from manipulation of the supply and demand of prostitution have been demonstrated. The segregated vice district, with medical inspection of prostitutes, has been proved inadequate as a practical public health measure and all but two or three among our large cities have abandoned the policy of segregation. The rear room of the saloon used as a meeting place between prostitutes and patrons and the hotel for transients, which often more or less openly and completely take the place of closed vice districts, are slowly being eliminated. The citizens of even the unaffected residential sections are learning the importance of participating in this new campaign on joint medical and moral issues and are being equipped with such effective weapons as the injunction and abatement law. As

prostitution moves out of the hostile city to invade country roadhouses and nearby towns in its effort to remain accessible to the city and yet retain the use of alcohol and the host of other aids to stimulation of the demand, county officials and residents are gradually joining the fight. State and federal forces have also been enlisted in the campaign, especially in limiting the supply. In all of these attacks on venereal diseases through control of environment, the dispensary and the hospital have opportunity to educate their patients on the social aspects of venereal infections and to enlist the coöperation of these patients with the health and police authorities. The wide extent to which this invaluable service may be carried out has been demonstrated by the medical and social service staffs of a few institutions.

PERSONS NOT YET INFECTED MUST BE PROTECTED

The third group—measures for the protection of individuals not yet infected—involves another field of opportunity for the hospital and dispensary. Control of sex impulses based on sound knowledge is one of the chief weapons with which the individual man or woman may be equipped to combat these infections. Experiments by dispensary officers and visiting nurses in distributing instruction pamphlets upon the medical, hygienic, social, and moral aspects of these diseases have encouraged many persons not only to regulate their own living conditions and conduct for the protection of others, but to become educators of public opinion in regard to these matters.

SEXUAL CONTINENCE THE PRINCIPAL PROPHYLACTIC MEASURE

Undoubtedly through such service much may be done to encourage the most effective prophylactic measure, which is sexual continence outside of marriage. The success of parents and school authorities in promoting sex education, the provision of wholesome recreation facilities for all ages and conditions of people, and the progress of other welfare efforts in establishing normal, happy homes and family life may also be aided by the dispensary staff.

SEGREGATION OF THE SEXES LIMITS THE OPPORTUNITY FOR
VENEREAL INFECTION

The compulsory segregation of the mentally incompetent who cannot control their sexual acts under ordinary conditions of freedom, the military segregation of troops in isolated camps or on shipboard, the segregation of large numbers of laborers in occupations which necessitate living in distant quarters, the enforced segregation of prisoners, delinquents, and charity wards of the state—all the varied social and economic measures by which men and women are separated from each other—reduce the spread of venereal diseases because they restrict for considerable periods of time the freedom of many who are most prone to become active carriers when they live in communities where opportunity for promiscuous sexual intercourse exists. The medical and nursing staffs of institutions and hospitals dealing with these classes during their isolation can accomplish an important educational work calculated to have a favorable influence.

MEDICAL PROPHYLAXIS MAY PROTECT THOSE NOT INFECTED

Medical prophylaxis presents an unsolved problem in which the dispensary particularly can render a great service. There is evidence to indicate that medical measures intelligently applied by the individual immediately upon exposure to infection have influenced in some degree the reduction of venereal diseases. This is particularly true where it is possible, as in the army and navy, for competent officers to instruct men individually and to enforce a program for prophylaxis. Medical prophylaxis is more difficult in application to women and is further complicated by the classes of women to be protected. The prostitute plying her trade under the cheapest, most sordid conditions of the vice district has little time or inclination to coöperate in any prophylaxis program; the clandestine prostitute endeavors to avoid discovery and is difficult to reach with any advice; the inmates of the so-called higher class houses can ill afford to offend their patrons by refusing those men who are probably infected or by adopting protective procedures best

calculated to protect others; the married woman is usually kept in ignorance of danger from her husband who has become infected. It seems apparent from a study of present conditions and limitations that medical prophylaxis can wisely be employed only under the advice of physicians who are fully informed of the circumstances in each case, and have opportunity to follow-up each individual until the danger of infection has passed. The private practitioner, the dispensary chief, the military surgeon and the health department official comprise the qualified persons to work out the extent and method of this factor in prophylaxis. Science gives little promise as yet of prophylaxis through practical methods of immunization against syphilis or gonococcus infections.

SUMMARY OF VENEREAL DISEASES AS A PREVENTIVE MEDICINE PROBLEM

To summarize the practical attack on venereal diseases, it may be said that the first line of attack, consisting of the discovery, treatment, and control of infected individuals should be led by the health departments coöperating with clinics, hospitals, and the private practitioners; the second, comprising the efforts to eliminate environmental conditions favorable to their dissemination by human carriers, must be led by the police departments coöperating with courts, law enforcement agencies, and the citizens; the third, directed toward protecting the uninfected, can best be led by the school departments coöperating with moral and social agencies and the parents. In all the diverse activities of these three major lines of conducting this health conservation battle, there stands out prominently the need for enlisting the forces of the dispensary and the hospital. This is so largely because the association between treatment and prevention is more intimate in this than in any other group of diseases. It is necessary that the members of the medical profession as well as other leaders of the community shall frequently review these facts in order that they may have the courage and the persistence to convert this problem from one of the conspicuous failures of public health to the conspicuous success which science has made possible.

II

If the need for venereal disease clinics and hospital facilities be conceded, the question arises, how may they be developed? This of course depends on what they are to accomplish, who the patients are, and what foundation already exists for their establishment. Reverting to the "sanitary axioms" outlined it may be said that ample warrant exists for spending any amounts of money required either by public or private effort to combat these diseases. The clinic is the complement of the practitioner in the diagnosis and treatment of infected individuals, restoring them to health and efficiency on the one hand, and on the other protecting the public through shortening periods of infectivity and lessening the contacts of patients with members of the community. Thus the clinic occupies a strategic position on the battle line midway between the health department and the medical profession. It is undoubtedly true that that clinic which causes the least inconvenience and a minimum demand on the thoughts, efforts, and compliance of individuals will most readily secure patients and be the most successful. It is also true that the lowest unit of cost for the widest benefit to the public should govern the economical rating of the clinic, and that this rating should be frequently checked up by accurate measurement of the results obtained. As yet only a few comprehensive experiments in developing venereal disease clinics have been made. From these the following seem to stand out as essential factors in the success of such clinics:—

1. A Specialized Department of the General Dispensary is a Present Need

Each dispensary or out-patient department of a hospital which proposes to establish adequate treatment for venereal diseases and render the greatest service to society must correlate the work particularly with that of its genito-urinary, gynecological, and dermatological clinics. The administrative plans which have thus far found favor are of two general types: (a) provision for all venereal diseases of men by the genito-urinary

division and of women by the gynecological division; (b) provision for gonorrheal cases by these divisions, but transfer of syphilis cases to a special division of syphilology or dermatology and syphilology. The haphazard treatment of venereal diseases, especially in their late stages, in whatever clinic the cases may have been discovered, is no longer approved, although it is still frequently the practice. Separate venereal disease clinics are practical, but have not been favored in this country. This is due partly to lack of recognition of the social aspects of these diseases but largely to the necessity for avoiding in either clinic or hospital anything which tends toward publicly distinguishing the patients under treatment for this class of diseases. It is possible that eventually there may be evolved a plan for a separate venereal disease clinic administered by salaried officers and organized as a major division of the dispensary, but receiving all its patients through nominal registry in the other clinics prior to transfer. Until some such solution is offered rapid progress cannot be made.

2. Adequate Equipment and Personnel are Essential

It is self-evident that adequate equipment for diagnosis, treatment, and reëxamination is essential for efficient work, but this is only slowly being realized in practice. What this equipment should comprise in addition to the consultation rooms, furniture, sterilizing apparatus, dark-field microscope, examination and treatment instruments, and supplies depends on the extent of coöperation with other clinic divisions, the laboratories, and the hospital in-patient and social service departments. Probably in no other class of diseases is it so important, to base the diagnosis, treatment, and discharge on the combined testimony of the patient's history, repeated clinical examination, and the findings of the laboratory. If the pathological and bacteriological laboratories provide their services, and the preliminary history-taking is provided by other clinic divisions, the necessary equipment is greatly lessened, especially as to personnel.

3. The Command of a Number of Hospital Beds is Requisite

The venereal disease clinic ought to have always available as a part of its equipment or under the direction of its staff several hospital beds for observation purposes, the temporary care of acutely contagious or urgent surgical cases, and the administration of salvarsan or its substitutes to many individuals. In some institutions this service can be supplied by the in-patient department in return for services of the venereal disease staff in surgical, ophthalmic, neurologic, or other hospital cases in which syphilis or gonococcus infections are a factor. The hospital is of course the lesser factor in considering treatment in relation to the eradication of venereal diseases in general, because early diagnosis and provision for ambulatory cases are the essentials. But the hospital is the major factor in many individual cases, and is necessary in certain cases where removal of a patient from his home is necessary for the protection of others.

4. The Clinic must Attract Patients and Earn their Respect

If the clinic is to be of service in preventive work it must secure patients at the beginning of their infections and hold them under treatment until danger from them as active carriers has passed. This means, first, adaptation to the needs of the patients through convenient clinic hours, privacy, and prompt meeting of appointments. Evening clinics particularly are required, attended by a sufficient number of physicians to ensure a reasonable equivalent of the personal attention given to patients in private practice. Considering each clinic as a unit in the general scheme for combating venereal diseases, it is desirable to study the area which it can advantageously serve and organize its staff, schedule of hours, and fees with due regard to the prevailing nationalities, occupations, and social status of residents, and facilities for private practice within that area. Supplementary units to serve other areas or classes of patients should be encouraged under the same or other management.

5. The Clinic must hold its Patients until Treatment is Completed

The development of practical regulations for determining the progress of treatment and for discharge is a necessity if patients are to be held under treatment. It is equally vital for this purpose that a comprehensive system of follow-up be applied to those cases in which the patient fails to return as instructed. A number of dispensaries have made remarkable progress in this direction.

6. Every Patient needs Education Concerning his Disease

Clinic patients should receive full instruction concerning the nature of their diseases and methods of protecting others with whom they associate. The opportunity for this service is commensurate with the time and attention the staff may devote to it. Certain aids are desirable. Appropriate signs, leaflets, and pamphlets have been demonstrated to be of great value. Some dispensaries require printed matter in a dozen languages to be intelligible to all of their patients. The selection of orderlies, social workers, and clinicians who collectively speak the languages the patients know best and who are required to coöperate in the latter's instruction is one of the most encouraging of recent developments in this field of preventive medicine. Printed statements specially designed to interest the practitioner should be sent at intervals to every physician in the administrative area, informing him of the facilities of the clinic, its hours, and its plans for coöperation with him.

7. Serviceable Records are Indispensable

Simple and complete records of all cases are necessary for the efficient administration of the clinic and should be readily available for all proper uses by the health authorities, other dispensary staffs, and others who in the course of any patient's history may become responsible for his treatment or the protection of the public. It is only necessary to read the disheartening report of any one of the recent surveys of venereal disease facilities to be convinced that this vital factor in clinic

efficiency is almost completely ignored in our American institutions. The technical equipment and requirements for recording and filing histories and other data cards have been so simplified that there is now no sound argument in defense of continued failure in this part of clinic work.

8. Pay Clinics as well as Free Clinics are Desirable

As a matter of economy and good citizenship all patients who can pay something toward their treatment should be encouraged to pay. This end seems to have been best promoted thus far without embarrassment to patients by the provision of free and pay clinic hours, and the establishment of advisory consultation offices under independent auspices, such as the health department or a social hygiene society, where individuals may go or be referred for free advice upon how to secure proper diagnosis and treatment. The clinic has a great opportunity to work out for venereal diseases the practical methods by which the commonwealth may secure adequate and fair treatment for all infected individuals of whatever social status, residence, or financial resource.

9. Provision should be made for Social Service and Clinic Extension Work

Every patient who comes to the clinic offers a starting point for coöperation with a host of social agencies not only in his restoration to physical health, but in his social and moral rehabilitation which are essential if he is to avoid reinfection and consequently further exposure of the public to the spread of his disease. The social service departments of a few dispensaries and hospitals that have seriously studied this problem have demonstrated this to be a most fertile field for service and for increasing efficiency through reducing abuse of clinic privileges and the frequency of application for treatment. Coöperation particularly with official departments of health, charities, and correction along these lines and in providing convalescent homes and occupations, especially for syphilitics, has presented encouraging possibilities.

As the socialization of medicine proceeds, the work of the dispensary will receive greater emphasis as a factor in health conservation. The venereal disease clinic will then become an administrative center from which a varied extension service is conducted. Experience shows that the closest coöperation is desirable between the dispensary staffs and the medical profession. It is possible that gradually the clinic will add to the staff within its area of service a number of private practitioners as associate clinicians, each of whom agrees to advise in their homes or at a branch dispensary office a limited number of clinic patients who are under supervision and require periodic examination and possible return to the clinic for salvarsan or other treatment. In line with this same idea of extension service, it is probable that some plan will be worked out whereby the clinic for purposes of advice and treatment may follow the patients to their places of employment in certain industries which do not have a medical director, but whose owners will coöperate in the establishment of this form of field dispensary service.

10. State Coöperation in the Supervision and Support of Venereal Disease Clinics is Desirable

Here and there the practical importance of the venereal disease clinic to the public health has so impressed itself on students of preventive medicine that the establishment of such clinics by health departments is advocated and in a few instances is being tried out. As a substitute proposition it has been suggested that the health department license all clinics offering treatment for venereal diseases and require them to maintain a specified standard of efficiency. One such standard has been carefully worked out by the Associated Out-Patient Clinics of a large city. In some form it is probable that public supervision will be established. This will undoubtedly be followed by the demand of dispensary and hospital authorities for public assistance which should be forthcoming, for there is scarcely room for argument as to the immediate public benefit to be derived from properly conducted clinics for this class of diseases.

Thus may the venereal disease clinic be developed into what has been called "a militant force for prophylaxis." There are now approximately nine hundred general dispensaries in the United States. The majority of these in some degree touch this problem, but less than fifty are at present wholeheartedly and hopefully grappling with it. Statistics, estimates of cost, and accurate data upon the experiments now in progress are being slowly gathered for publication and more clinics may confidently be expected to enter this field of service. If success can be attained in the gradual eradication of syphilis and gonococcus infections—the last among the great plagues of world-wide prevalence which afflict mankind unchallenged—the costs, however great in money, educational effort, and regulation of personal conduct, will be immeasurably exceeded by the gains. Clinicians and hospital directors in common with public health administrators have the opportunity to coöperate in a service to society as great as that of conquering yellow fever and uncinariasis if they but see the vision.

SOLDIERS' FIELD¹

On you, and such as you, rests the burden of carrying on this country in the best way. From the day of John Harvard down to this hour, no pains or expense have been spared by teachers and by laymen to build up our University, . . . and thus educate you; and for what end? For service to your country and your fellow-men in all sorts of ways—in all possible callings. Everywhere we see the signs of ferment—questions social, moral, mental, physical, economical. The pot is boiling hard and you must tend it, or it will run over and scald the world. For us came the great questions of slavery and of national integrity, and they were not hard to answer. Your task is more difficult, and yet you must fulfill it. Do not hope that things will take care of themselves, or that the old state of affairs will come back. The world on all sides is moving fast, and you have only to accept this fact, making the best of everything, helping, sympathizing, and so guiding and restraining others, who have less education, perhaps, than you. Do not hold off from them; but go straight on with them, side by side, learning from them and teaching them. It is our national theory and the theory of the day, and we have accepted it, and must live by it, until the whole world is better and wiser than now. You must in honor live by work, whether you need bread or not, and presently you will enjoy the labor. Remember that the idle and indifferent are the dangerous classes of the community. Not one of you would be here and would receive all that is given to you, unless many other men and women had worked hard for you. Do not too readily think that you have done enough, simply because you have accomplished something. There is no enough, so long as you can better the lives of your fellow-beings. Your success in life depends not on talents, but on will. Surely, genius is the power of working hard, and long, and well.

¹*Soldiers' Field*, an address by Major Henry Lee Higginson, at the dedication of Soldiers' Field, Harvard University. Houghton, Mifflin Company, Boston, 1915.

A HEALTH EXHIBIT FOR MEN

AN EDUCATIONAL EXHIBIT ON VENEREAL DISEASE CONTROL
AND PREVENTION PRESENTED AT CONEY ISLAND BY
THE NEW YORK SOCIAL HYGIENE SOCIETY

FRANK J. OSBORNE

Executive Secretary of the New York Social Hygiene Society

Educational exhibits in the social hygiene campaign are not new either in idea or fact, as witness the most recent and successful one by the American Social Hygiene Association at the Panama-Pacific Exposition. Neither is an exhibit devoted entirely to the medical and moral aspects of the so-called venereal diseases altogether unknown, for as far back as 1910 such a one was prepared and conducted by the California Society for the Study and Prevention of Syphilis and Gonorrhoea. Until the New York Social Hygiene Society opened its Health Exhibit for Men at Coney Island on July 21, 1916, however, there has never been an exhibit of this nature with attendance limited to men and offering a medical advice service, except the well-known anatomical museums and medical institutes conducted as "feeders" for quack doctors and so-called "men's specialists." That such an attempt was not made before has not been due to lack of an appreciation of its possibilities, for both the Department of Health of the City of New York, through Dr. Charles Bolduan, Director of the Bureau of Public Health Education, and Dr. William F. Snow, General Secretary of the American Social Hygiene Association, had outlined such a plan, but had not taken steps to carry it into effect. It remained for the reorganized Society of Sanitary and Moral Prophylaxis under its new name, the New York Social Hygiene Society, to start the machinery which transformed this idea into a reality.

The Society enjoyed the active coöperation of both the American Social Hygiene Association and the City Health Department,

together with the Public Health Committee of the Medical Society of the County of Kings and the Genito-Urinary Department of the Brooklyn Hospital Dispensary, the staff of which conducted the medical advice service under the direction of Dr. Alec Nicol Thomson, chief of one of the Dispensary divisions.

The original purpose of this exhibit was to fight the medical fakir and lying charlatan by replacing the vagaries and misrepresentations of quackery with exact medical facts, and by supplying a clinical reference center which would direct the infected man either to his private physician or to a reputable

HEALTH EXHIBIT FOR MEN

PREPARED BY AND UNDER THE AUSPICES OF

THE NEW YORK SOCIAL HYGIENE SOCIETY

COOPERATING WITH

DEPARTMENT OF HEALTH, THE CITY OF NEW YORK
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
PUBLIC HEALTH COMMITTEE,
THE MEDICAL SOCIETY OF THE COUNTY OF KINGS

BOWERY NEAR KENSINGTON WALK, CONEY ISLAND
OPEN 1-11 P. M. DAILY—ADVISOR'S HOURS 8-11 P. M.
SUPPORTED BY VOLUNTARY CONTRIBUTIONS

SOCIAL, CIVIC AND HEALTH EDUCATION ADMISSION FREE

FIG. 1. CARD DISTRIBUTED TO VISITORS AT ENTRANCE

dispensary for proper treatment. Thus the exhibit became an experimental attempt to dispel the cloud of ignorance and misinformation surrounding the whole subject of the causes, treatment, and effects of syphilis and gonorrhea but we feel that we succeeded not only in demonstrating the practical utility of the exhibit method for such purposes but also to many of our visitors the fundamental facts of sex with their social and moral implications. As outlined on the card which was given out to every man who attended the exhibit (see Fig. 1), our aim was to dispense "social, civic, and health education" in a vigorous, human manner without becoming preachy.

The only available stand to be found at Coney Island after the exhibit was planned was a small building (11' by 30' by 10') on the Bowery a short distance in front of Steeplechase Park. This was rented for the season for \$800 and a glance at figure 2 will give a fairly good idea of its location and its immediate neighbors. Across the front of the building were several signs. At the top was a large HEALTH EXHIBIT sign while another



FIG. 2. EXTERIOR OF THE HEALTH EXHIBIT ON THE BOWERY AT CONEY ISLAND
A TYPICAL SUNDAY AFTERNOON CROWD.

over the door read "HEALTH EXHIBIT; FOR MEN ONLY; ADMISSION FREE," and on the doors were the names of the co-operating organizations and signs stating that there was no admission charge and "Absolutely Nothing for Sale."

Figure 3 shows the character and general arrangement of the exhibit material used inside the building. A long, rectangular exhibit room with a small (8' by 10' by 10'), consultation

room for use by the medical advisor was all the available space; this made it necessary to crowd the material together and impossible to display it to the best advantage. The whole wall space was used for the serial presentation in colored panels of the social and medical stories of typical cases of syphilis and gonorrhea, advertising material and literature illustrating the



FIG. 3. INTERIOR OF BUILDING, SHOWING CHARACTER AND GENERAL ARRANGEMENT OF EXHIBIT MATERIAL.

methods of quacks and advertising specialists, and information relative to ophthalmia neonatorum. A central table served the double purpose of directing the crowd in at one door and out at the other and supporting educational panels bearing directly upon the problem of venereal disease control. All the panels were of a uniform size (30" by 40").

On the right hand wall, beginning at the entrance door, was

placed a double series of colored panels, arranged one series above the other, picturing case histories of gonorrhea with proper methods of treatment contrasted with those treated by improper and dangerous methods (see Figs. 4-15). These pictures were cartoons in color done by R. Philipps Ward.

These series were preceded by two introductory pictures representing a very common prelude to infection with this disease. First was shown a stag party with its wine and suggestive stories which tend to break down the normal resistance against such temptation as is shown in the second picture which represents a common street phase of prostitution. After careful consideration it was decided to represent two men as, at the outset, on the same moral plane, and then beginning with these infected men of like social status to carry out the parallel stories of early, persistent, scientific treatment with its probable results contrasted with ignorant, indifferent treatment with its probable results. If it be true that the great majority of men do, at some time or other during their lives, lay themselves open to gonorrheal infection, this presentation certainly should be most effective as a means of causing them to stop and consider; if this assumption be untrue, the fact still remains that there is an appalling amount of gonorrhea in our country and nothing but good can come of a strong, pointed message on the causes of this disease, the vehicles of transmission, the dangers to self, family, and society of careless and casual treatment, and the necessity for prompt and continued treatment of every case diagnosed as gonorrhea.

It has been suggested that by pointing out that this disease is curable in the great majority of cases if early and persistent treatment is applied, we are breaking down one of the most potent deterrents against illicit intercourse. But when objectors are questioned as to what part fear of consequences plays as a deterrent from promiscuous sex activities they do not hesitate long before ruling it out as an important factor; with it disappears any ground for argument which may have been contained in their original criticism to the effect that to point a cure makes exposure to infection more likely. It might be



FIG. 4

A Stag Party. Wine and Smutty Stories, which lead to improper thoughts of women.



FIG. 6

A. "Yes, it is Gonorrhoea. You must remain under treatment until cured."



FIG. 5

Excited by Drink and Lewd Stories, two from the stag party pick up prostitutes and become infected with Gonorrhoea (clap).



FIG. 7

B. "What! A dose? Nothing to it. Come over and see Jake. He'll fix you up in no time."



FIG. 8

A. "My doctor sent me to you because I could no longer afford private treatment. I want to be cured."



FIG. 10

A. "The microscope shows no germs. Come back in one month for a final test."



FIG. 9

B. "Jake's capsules haven't helped me. This Doctor advertises a quick cure."



FIG. 11

B. "That morning drop means nothing. You are cured."



FIG. 12

A. "I have made every test. I think you may safely marry."



FIG. 14

A. A happy family. The result of conscientious treatment.



FIG. 13

B. "If any man can show just cause why they may not lawfully be joined together, let him now speak, or else hereafter forever hold his peace."



FIG. 15

B. Gonorrhoeal rheumatism, infant blindness, invalidism. The result of ignorance, indifference and neglect.

pertinent to ask at this point whether the knowledge that diphtheria and even tuberculosis are curable or that actual prophylactics against infection by smallpox and typhoid fever are known, has made persons more careless about laying themselves open to such infections or inhibited them from developing all reasonable methods of prevention? And by those who have given special attention to this disease as a socio-medical problem it is realized that the danger is not that gonorrhea shall be looked upon as reasonably certain of cure under proper treatment; but that it shall, and at present is, considered unimportant, "no worse than a hard cold," and curable without help or under inexpert treatment. For that reason did we emphasize the dangers of drug clerk and quack treatment and the necessity for the use of the microscope and other tests before a person, once infected, can safely enter upon the responsibility of matrimony or be certain that his own health has been restored. We feel that this message has been successfully impressed upon those who have visited this exhibit. It is impossible to believe that any man could view the results of "ignorance, indifference and neglect," as depicted in Figure 15 of this series, without experiencing a determination not to be a party to such a tragedy if he can possibly prevent it. And whether his method of prevention be by extra-marital continence, medical prophylaxis, or treatment to a certain cure, society has gained inestimably in economic, health, and moral conservation, even though the whole problem has not been solved.

On the opposite wall was a series of eight double panels illustrating the possible course of syphilis infection under similarly contrasted conditions, presented, however, in a somewhat different manner. (See Figures 16-23.) Where the story of gonorrhea had been told by realistic drawings this material was posterized, giving somewhat the same impression and creating something of the same interest that is exhibited in advertising posters in trolley cars and on billboards. Also, instead of conversational, colloquial captions such as were employed in the previous series, simple, explanatory statements were used. In other words, while the same parallel arrangement of two infected men undergoing



FIG. 16



FIG. 18



FIG. 17



FIG. 19



FIG. 20



FIG. 22



FIG. 21



FIG. 23

proper and improper treatment with the consequent results was used, there was enough variety in the details of presentation so that no attention value was lost.

This series was the work of Ernest Hamlin Baker. The exhibit owes much to Mr. Ward and Mr. Baker and their interest in it as a social experiment.

Our method of approach in this series attempted to take away the venereal stigma which has been so powerful in preventing adequate control of this disease by the public health authorities. While, in the gonorrhea series, it was felt necessary to suggest the importance of alcohol and prostitution as twin allies of evil in the spread of that disease, the syphilis series was introduced by the statements seen in Figure 3. "A LARGE PERCENTAGE OF SYPHILIS IS CONTRACTED INNOCENTLY. IT MAY BE NECESSARY FOR ANYBODY TO UNDERGO TREATMENT FOR THIS DISEASE AT ANY TIME." Then instead of showing any source or mode of infection, the series opens with the two infected men reading signs in public comfort stations—one a Health Department sign urging men to consult the Department for diagnosis and advice; the other an advertisement of a quack or medical institute.

The emphasis in this, as in the gonorrhea series, was upon early and continued treatment, for while the initial chancre and rash, if noticed, are usually attended to with great diligence, after the acute stage is past and the primal fear has subsided, treatment is often neglected until the later, tissue-destroying manifestations appear. Therefore this series showed that no hope of a permanent cure can be held out until after one year of treatment and another year of careful observation with periodic Wassermann tests, and that even then it is advisable to wait and watch at least another year before considering marriage or ceasing medical and laboratory supervision.

The fear has been expressed that we are here too sanguine in the claims made for present day syphilis therapy; that we cannot positively say that salvarsan and mercury will cure all cases of syphilis. We must, of course, admit that any demonstration or exhibit which has to do with the education of the

public toward personal or community health is subject to many limitations since we are dealing not with exact, mathematical data but with biological and human factors many of which are beyond our control. Still, there are some things, which, while not reducible to exact proof, are reasonably certain and to be depended upon in the great majority of cases; and one of these, relying upon the history of past experience, is that syphilis is a curable disease if treatment is begun early in the course of the infection and carried out faithfully with frequent Wassermann tests under competent syphilographers.

We were confronted in the preparation of this exhibit with the task of overcoming the two main obstacles which have stood in the way of any real progress in combating the ravages of this disease—first, the attitude of the infected individual and second, the attitude of the public.

The infected man (or woman) is of two types; either one who, through ignorance of the way in which the disease develops, mistakes a quiescent period for a real cure, and then ceases treatment; or one who, having been led to believe that syphilis is an incurable disease, simply ignores treatment entirely and proceeds to make his peace with God in anticipation of an early and ignominious demise. The first of these attitudes we strove to correct by educating these men and replacing their misconceptions by pointing out the three stages of the disease and impressing them with the facts that the apparent cure in which they trust is very likely to be no cure, and that a definite and extended system of treatment under a trained specialist is essential to a real cure; and the second we tried to change by holding out in the strongest way possible, the hope of an ultimate cure.

The attitude of the public we hoped also to influence on behalf of medical science,—the public which for so many years has passively watched the effects of this disease for the most part without comprehending them, has built and maintained insane hospitals, institutes for the blind, and almshouses largely for the syphilitic dependents instead of recognizing this disease as one of the main causes of such dependency and endeavoring to stop the

flood at its source. Success in changing this attitude of the public is also a step on behalf of the host of women and children (and, may I add, men), who have been innocently infected. No "holier than thou" attitude or the belief that these afflictions are sent as a part of the scheme of the universe in the dispensations of Divine Providence in just punishment for a law violated should longer be tolerated. We can see faint glimmers which tend to show that this public attitude is slowly changing. By fearless and truthful education on the part of the medical profession and others interested in the social hygiene movement, the ignorance and misconceptions surrounding syphilis are beginning to be dispelled. When this has been done it remains only properly to equip and man clinics in each city and town to control in large part the spread of this infection.

On a shelf directly under this syphilis series was a row of colored cuts and photographs taken from Jacobi's and Wechselmann's works. These showed various lesions—non-venereal, and primary, secondary, and tertiary stages of syphilis, together with the wonderful transformation in the appearance of the same lesions and rashes after salvarsan injections.

These went far towards correcting certain exaggerated ideas gained from quack museums by replacing misinformation with exact medical knowledge. This was further carried out in our exposure of the fallacies in quack literature. By taking certain sections on seminal emissions and other subjects used for the purpose of frightening young men into treatment by the special methods put forth as sure cures by these men, and selecting matter from medical text-books on the same subjects, the truth was brought out in a most effective manner. These were captioned as follows: "WHAT THE QUACK SAYS; WHAT THE FACTS ARE." Immediately under these panels was a large poster made up of quack signs taken from the toilet-rooms of saloons at Coney Island in the course of a survey made as a preliminary to the exhibit by representatives of the New York Social Hygiene Society and the City Department of Health. Such signs were removed from seventy-two saloons and replaced by announcements of the diagnostic clinic of the City Department

and the facilities for treatment offered by the Brooklyn Hospital Dispensary. They served as a basis for much discussion and did as much as anything to put the men who saw them on their guard against these practitioners and their methods. (See Fig. 24.) The great menace of the quack is that by showing apparent quick cures and discharging patients as cured he not only wrongs the patient but endangers others by engendering in the patient a false

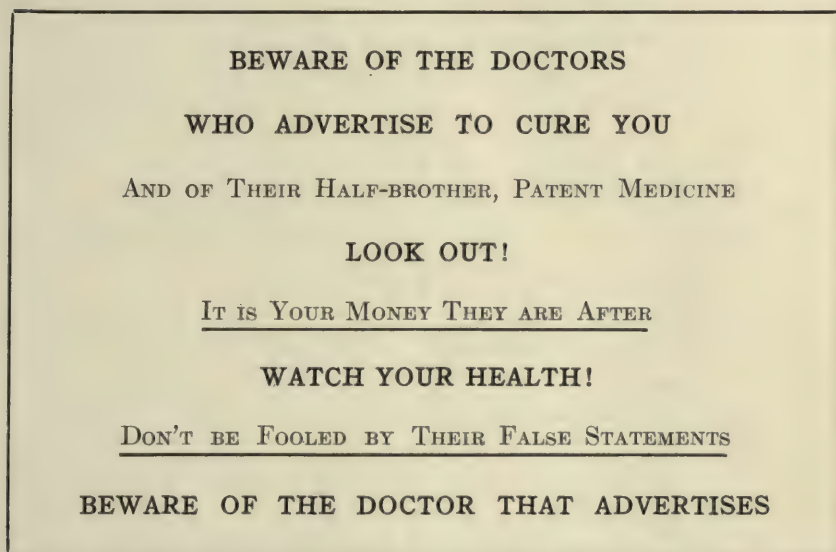


FIG. 24. POSTER REGARDING ADVERTISING SPECIALISTS¹

sense of security which causes him to cease taking precautions against infecting his companions.

The educational material on the central table was apparently read with great care and interest. (Figs. 25-30.)

Another exhibit which attracted much attention was one containing all the posters and signs which could be secured referring to diagnostic and treatment facilities throughout the country and labelled, "WHAT IS YOUR HEALTH DEPARTMENT DOING?" As a fair index of what boards of health are actually doing in this respect it may be interesting to state that

¹Signs advertising treatment or medicine for venereal disease by unscrupulous medical specialists may be found in most communities.

in reply to three hundred and twenty-five letters sent to health departments and health officers requesting such posters and information from towns and cities in New York, Connecticut, Rhode Island, New Jersey, and Eastern Pennsylvania only eight

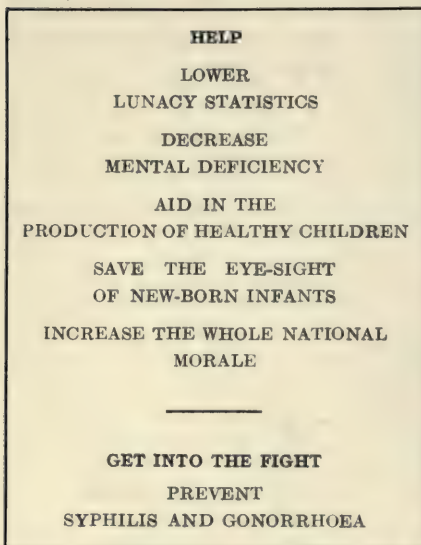


FIG. 25

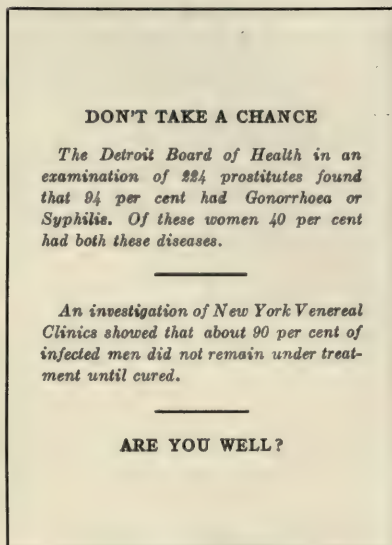


FIG. 26

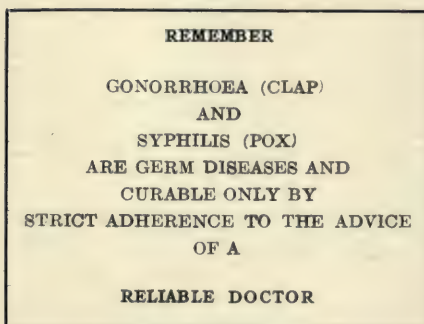


FIG. 27

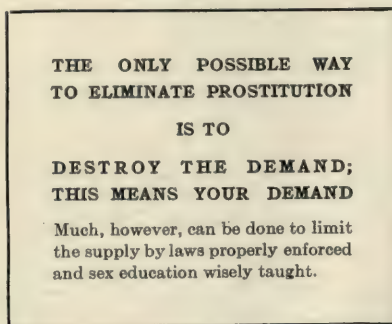


FIG. 28

signs were received, five from cities in northern New Jersey and three from New York.

Two other very suggestive colored panels loaned by the American Social Hygiene Association were displayed. The first of these represented in colored drawings the causes of

venereal diseases, i.e., the organisms; the carriers, i.e., prostitutes; and the sufferers. The other showed the agencies for control of the infected individual: the diagnostic clinic, dispensary, and hospital, and the social service nurse.

The photographs prepared by the Department of Health of the City of New York showing the methods of diagnosis of these diseases as employed by its laboratories were also most instructive.

While, as was said before, other exhibits dealing with certain phases of venereal diseases have been held, we are not aware

PROSTITUTION REDUCED TO SIMPLEST TERMS

WHAT HE BOUGHT
Temporary Animal Pleasure

PRICE HE PAID
An Insignificant Fee; Much Self Respect

POSSIBLE RETURNS ON THE INVESTMENT
*An Abnormal Sex Appetite
A Distrustful Wife and Family
Loss of Respect of Friends and Associates
A Ruined or Lost Home
A Loathsome Disease (often incurable or uncured)
A Blunted Social Conscience*

IS IT WORTH THE GAMBLE?

FIG. 29

HOW IS YOUR { **MONEY
BUSINESS
ECONOMIC
AND
SOCIAL INFLUENCE**

AFFECTING PROSTITUTION AND THE SOCIAL EVIL?

FIG. 30

of any attempt having been made before to supply expert medical consultation and advice upon this subject at any such exhibit. And, again, it is rather difficult to see why this has not been done. Old Dr. Quack knows that the time to supply such information and attention is at the time the demand is aroused immediately after the prospective patient has seen the models in the museum or read the book which brings the possibility of infection or sexual derangement forcibly to his mind. We, therefore, acted upon and applied this psychological fact by providing two genito-urinary specialists who were in attend-

ance three hours every evening and an additional afternoon hour on Sundays and holidays. This service was performed without pay by Dr. Thomson and members of his staff and constituted one of the most whole-hearted coöperative enterprises ever enjoyed by this Society.

During the two months this exhibit was open it was visited by 19,390 persons, 64 of whom were women from a woman's



FIG. 31. INTERIOR OF MEDICAL ADVISOR'S OFFICE.

organization in the city that petitioned Mayor Mitchel to use his influence in getting it opened for women on certain dates. This experiment proved most valuable and we feel that an exhibit of this nature might well be used in bringing home to women not only the dangers of these infections but also woman's responsibility in the great fight against their spread.

Of those who consulted the attending physicians, there were found 183 infected men, 137 of recent origin, and 46 who desired

information because of old infections. Ninety-one specimens were taken for diagnosis and sent to the Health Department for examination, with reports as follows:

FOR WASSERMANN		FOR COMPLEMENT FIXATION	GONORRHEAL REACT
Positive.....	8	4	25
Negative.....	19	13	11
Doubtful.....	1	3	1
Imperfect specimen	2	0	4
	30	20	41

Of these 183 cases, 33 were syphilis and 150, gonorrhea. Of the 33 cases of syphilis, 17 were Americans; 9, Italians; and 7 of other nationalities. The 150 gonorrheal cases were divided as follows: American, 97; Italian, 19; and other nationalities, 34. Those designated as Americans were almost equally divided between those of Jewish extraction and others. There were but 7 married men among the 33 syphilis cases and 12 among the 150 infected with gonorrhea. One in each group had been divorced. These 183 men contracted their infection in the following manner: from public prostitutes, 109; clandestine prostitutes, 54; friends, 15; other persons or information refused, 5.

Of the 183 infected men interviewed, 153 were referred for treatment as follows: 101 to the Brooklyn Hospital Dispensary; 31 to other dispensaries; and 21 to their family physicians. The practice was to refer the man to the approved clinic, on the Health Department list, which was situated nearest his home. Forty of the 101 cases referred to the Brooklyn Hospital Dispensary actually appeared for treatment, each case being acknowledged by the division chief on the date it appeared at the dispensary. While the other clinics were also requested to acknowledge any patients that came to them for treatment from this exhibit, no such acknowledgments were received, though estimating from the numbers that appeared at the Brooklyn Hospital Dispensary, 40 per cent., or 12 other cases, should have gone under treatment. It is an open question whether we should not endeavor to get this other 60 per cent. under treatment by

sending out follow-up notices and even by the use of social service workers, for surely if treatment can and will be provided for these infected individuals, they should be prevailed upon to take advantage of it.

Aside from these 183 men who came to the physicians for personal information in regard to their infections, 408 other men, mostly young fellows, came for information on other sexual matters, or for conditions they feared were of a venereal nature. For instance, it was not at all uncommon for a group of three or four young men, after reading the "Four Sex Lies" chart to come in with questions relative to the Sexual necessity fallacy; or after having seen the manner in which the text-books treated the quack's scare literature in regard to nocturnal emissions to come in for more specific information bearing upon their own cases. Masturbation, one of the subjects touched upon in one of the pamphlets given out at the door, "Sexual Hygiene for Young Men," was another subject of evident great interest as were also the causes and effects of varicocele and enlarged prostate glands. Cases of scabies, acne, and other diseases thought to resemble syphilis were also somewhat in evidence.

As the season waned and the crowds dropped off we began to give lectures in the form of short talks on certain parts of the exhibit material or on questions asked by those present. These proved most successful in gaining the interest of visitors and showed beyond doubt the great mass of ignorance and misinformation with which we must contend in educating the public on this subject. We feel that much was done in this respect both by the exhibit, the lectures, and the literature which was distributed, amounting to no less than 80,000 pieces during the summer. The Brooklyn Hospital Dispensary booklet on these diseases, the pamphlet by Dr. W. T. Belfield on "Sexual Hygiene for Young Men," and the Health Department's advice circular, all of which were furnished by the Hospital and the American Social Hygiene Association, or reprinted for us by that Department, must have gone far toward instructing those who read them as to the nature and dangers of syphilis and gonococcus infections and the fundamental facts of sex hygiene in general.

Many interesting comments were overheard during the summer and some most encouraging statements written in the record book by our visitors. This was a very typical remark often heard in some form or other: As three young fellows passed through the exit one was heard to say, "I'm going to call that date off tonight. No more going out for me, I've seen enough."

Another incident showed how the exhibit tended to advertise itself after it had been in operation a few weeks: Three fellows were passing along the Bowery when one of them suddenly stopped and was overheard urging the others to come in. He said, "Come on in here, Bill, it's worth your while to see this. Its great stuff." They came in.

The following remarks are fairly representative of the impression made upon the pleasure resort type of man:—

"Some pictures, believe me!"

"That will never get me."

"This exhibit is splendid. Should be more of them."

"Excellent idea. Ought to be more of such exhibits in and about New York City."

"This shows the need of teaching sex hygiene to boys and girls early."

"The schools should teach more of this."

"The pamphlets are very instructive. I never knew such things before."

"Never again for me."

Many very deplorable experiences were recounted about personal treatment by quacks. To their sorrow several fellows were acquainted with some of those whose signs we displayed. One told of reading an advertisement in a paper which caused him to call upon the "doctor" for consultation in regard to an old gonorrheal infection. A specimen of his blood was taken and he was later told that the examination showed that he had syphilis. He did not see the report but was promised a cure for \$150. After having three injections of something, he was shown a negative blood report. The patient gave no history of syphilis, only of gonorrhea five years ago. In this case the deception was bad enough; but if the patient had actually been suffering

from syphilis, it is reasonable to suppose that he would also have been discharged when his money was gone and actually have been pronounced "cured" in six weeks.

Another young man, with pimples on his face, went to one of New York's "medical institutes." A venerable and fatherly looking doctor came up to him and said, "Well, you've got it."

"Got what?" asked the frightened boy.

"Why syphilis. That is a syphilitic rash on your face."

He was then told what a horrible disease he had but was promised a cure for \$100. The boy was charged \$5 for that visit and some medicine which he was told to take and a few days later came into our exhibit. Noticing the sign in regard to free advice, he came to the doctor and told this story. A diagnosis of scabies was made and the other \$95, besides much needless and dangerous worry, were saved to the boy.

Many men wrote their personal views of the exhibit and its usefulness in the record book and while these remarks were not always grammatically perfect they at least voiced the principal point which the writer wished to express as shown in the following:

"Exhibits of this nature that you so vividly show at Coney Island, if they were distributed throughout the city, would do more towards eradicating venereal diseases than anything else."

"The hour here tonight was well spent."

"Having visited this institution, I consider that it will prevent more than the diseases, it will prevent men from exposing themselves to the risk."

"A most excellent exhibit and should be made permanent."

These suggestions of a wider use of this material and the establishment of permanent exhibits were repeatedly expressed and are significant of the attitude of many of our visitors. It is our hope that this will be made possible by a demand for reproductions of these serial pictures. They can be reproduced by lithography at a very reasonable cost provided twenty to thirty copies are made at the same time. We feel that such reproduction would be useful for social hygiene societies, health departments, and other agencies interested in the control of

venereal disease through educating the individual and community attitude. Modifications of our experiment for improvements in the exhibit material, for auxiliary features designed to add to its interest and practical effectiveness, or for other developments of our plans likely to increase its usefulness are sure to suggest themselves to those acquainted with exhibit work and we shall be pleased to receive any constructive suggestions.

CHANGING STANDARDS¹

Moreover, it is not unlikely that as knowledge multiplies in regard to matters involving sex morals and problems of domestic relationships there will come in certain directions modifications in social policy. Illegitimacy, for instance, rightly is condemned by public opinion, for children should not be born into the world except under conditions set by moral standards based on experience and scientific knowledge. Yet it is possible that in the future society may look compassionately on mother and child under such circumstances, but visit its sternest disapprobation on the father, compelling him to set aside a proportionate share of his income for the support of the child, and publicly to acknowledge it as his offspring. Public opinion also in the case of the prostitute may be inclined to forbear from condemnation and, on the other hand, to incarcerate as criminals those who tempt women to sin and who pander to human lust. Again, in further illustration, under present conditions a poor widow having minor children is punished for her motherhood by privation and excessive toil through her endeavor to support them in decency, whereas a proper policy would cheerfully support them as a united family, not out of charity but as a right due to the mothers of the next generation. Indeed, it is not unlikely that the state under a complete insurance system may supply an annual pension to the mothers of minor children, as a policy far more socially justifiable than pensions allotted for services in war.

¹ *The Family in its Sociological Aspects.* By James Quayle Dealy. Houghton Mifflin Company, Boston. 1912.

THE MATTER AND METHOD OF SOCIAL HYGIENE LEGISLATION

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Social workers regard legislation as an important factor in the solution of the problems to which they are addressing themselves. Faith in its potent efficacy as an aid in righting social wrongs shows no signs of abatement and is, indeed, by way of increase. Perhaps this faith would be more justified if attention were devoted in greater measure to the form of statutory enactments and the means and feasibility of enforcing them. Such care as that which has been bestowed upon many labor and sanitary laws has aided materially toward the building of a code of consistent, well-drawn, and properly classified legislation, besides indicating in what ways the law needs to be changed or amplified for the further protection of the public welfare. The field of social hygiene is particularly fruitful for the study of what can and what cannot be accomplished through legislation, because it includes legal conceptions upon which the legislative mind has played for centuries, as well as certain ideas of social polity whose implications are wholly modern, and because it is a matter which touches everyday life and business at many vital points.

Social hygiene has in its present interpretation a three-fold aspect, law enforcement, public health, education. Viewed from no one of these points, has any definite, long-abiding opinion about social hygiene taken root. A problem as old as the hills, for which a new solution is almost annually sought! Shall prostitution be repressed, shall it be regulated, or shall it be ignored? Shall the veil of silence and ignorance be torn from venereal diseases or shall they remain the hidden scourge? Shall sex be taboo or shall it be considered as a normal phenomenon of life?

The public, with the whole subject becoming more or less popularized, does not know its own mind. The only thing of which it is at all certain is that something ought to be done and the encouraging as well as novel point in this latter day unrest is the feeling which accompanies it, that the matter is one well worth serious study and research into comparative experience as a basis for constructive action. Prostitution, like poverty, is gradually being lifted out of that hazy, indiscriminating category to which the supposedly insoluble is usually assigned—"human nature." This gain has been accomplished principally by differentiating the factors involved, and by recognizing the necessity of dealing with each constituent problem in accordance with its peculiar difficulties. All three factors involve legislation, vastly differing, however, both in matter and in means of enforcement. The failure to realize the prime importance of this fact sometimes causes the poor draftsmanship but more often the worse provisions of many statutes. Legal chaos follows. In New York "A prostitute may now be convicted and committed under a bewildering number of statutes, among others, the New York Consolidation Act, Code of Criminal Procedure, the Inferior Criminal Courts Act, State Charities Law, Tenement House Law, Penal Law, Chapter 439 of the Laws of 1912, and Chapter 353 of the Laws of 1886. Likewise, the keeper of a bawdy house makes herself liable to punishment, under the Penal Law, Code of Criminal Procedure, Liquor Tax Law, Tenement House Law, Public Health Law, White Slave Traffic Act, and the Immigration Laws."¹

Public opinion, never unanimous about anything, varies all the way from the white heat of anger against the man who, by force or fraud, drives a girl into prostitution, to cool indifference toward eugenic marriage laws. One of the first questions confronting the legislator, therefore, is how much unanimity is requisite for the enforcement of a law. This will hang largely upon the purpose of the law and the method provided for its enforcement.

¹ Laws Relating to Sex Morality in New York City. A. B. Spingarn. New York: Century Company. p. xi.

Clearly then a social hygiene law needs classification. What is its purpose? It may be a law to enforce public opinion. The punishment of certain common law, criminal offenses against sex morality, such as rape and seduction, for centuries has had public sanction because such offenses involve force or fraud. It is quite proper, therefore, to attack them directly by prohibition. Keeping a disorderly house for purposes of prostitution has been a misdemeanor from time immemorial in England and America, but the prohibition has been more notorious for its breach than its observance. A theory of equal longevity and general prevalence was that of masculine sex necessity. Public opinion backed the latter theory much more often than the former, but not always, as the outbreaks against the prostitute, recurrent throughout history and accompanied frequently by torture, testify.

Or it may be a law to formulate public opinion, though the classical school of publicists deny that this is a proper function of legislation. Most social workers insist that public education on many points is most quickly and completely achieved by means of legislation. Ostensibly enacted for other purposes, so-called eugenic marriage laws and laws for the compulsory reporting of venereal diseases find justification in the minds of their supporters because of their educational value. If, however, it turns out that these reporting laws are not enforced or, as is claimed in the case of the marriage "health certificate" laws, actual evasion is deliberately practised, such justification is unwarranted, whatever the excellence of the general theory upon which they were based.

On the other hand, many public health measures concerning the prevalence of diseases and the popular dissemination, through official channels, of knowledge about their causes and treatment are undoubtedly valuable educationally. The distinction lies in the fact that, as regards the marriage health certificate and compulsory reporting laws, the public is either opposed to their enforcement or is indifferent and will probably remain so until its attention is focussed upon them and until reasonable and effective methods of administration have been demonstrated;

while, as regards the more definitely educational measures, public interest is already aroused, as evinced by numerous "Health Weeks" and "Public Health Trains." So, for the successful operation of a social hygiene legislative measure, it is well to sound out in advance the attitude of those who are to enforce it. And since the program of social hygiene legislation is very largely made up of measures whose execution will fall chiefly on a selected group, i.e., doctors, public health officials, state and municipal inspectors, or law enforcement leagues, the preliminary task (the education of the selected group) should be measurably achieved before the enactment of legislation.

If the statute relates to a crime, the police primarily, but the public ultimately, through courts and juries, will determine its workableness. The necessity of an honest and efficient police administration cannot be over-emphasized. Time and again the people of a community have given their active assent to a policy of vigorous law enforcement; but the excitement dies, and it becomes again the routine duty of the policeman to suppress law breaking. If his superiors are negligent, corrupt, or politically compromised, the "reform" will be a thing of the moment and the whole movement to repress commercialized vice may be adversely affected. San Francisco, Chicago, Philadelphia, and Kansas City are examples among our larger cities whose histories furnish ample illustrations of the sensitive nature of the "underworld." Loose police policies seem to be divined by those who hope to profit thereby even before the policeman has learned to know what is expected of him by his superiors.

The establishment of special courts for cases involving prostitution has, in some cities, become an accepted means for the more vigorous and just enforcement of the laws. Special courts, such as the Women's Night Court in New York and the Morals Court of Chicago, have done noteworthy work, especially in evolving standards for judicial action in such cases. Judges are assigned permanently to these courts, thus obviating in a large measure the personal idiosyncrasies of a constantly changing judiciary. Psychopathic laboratories have been established in connection with them and the doctor confers with the judge

regarding the imposition of sentence. The offender, not the offense, claims the chief attention. These courts are also coming to have an educational value by means of the statistics which are being compiled concerning recidivism, mentality, and the social histories of thousands of prostitutes. The practice of fining prostitutes was brought to its end in New York by agreement of the judges of the Night Court even before its prohibition by statute. The success of their efforts in individual cases is, however, dependent upon an efficient probation system for the women and girls who are capable of profiting by it, and secondly upon institutions such as farm colonies and custodial asylums in which hardened offenders and the mentally deficient may be segregated. The value of women police officers lies in their ability to protect the young more effectively than policemen can. Whatever bearing moving picture theaters, dance halls, and parks may have upon the recruiting of prostitutes, policewomen are more capable of ascertaining that bearing than are men.

So-called morals police, that is to say, a body of officers specifically charged with the suppression of criminal offenses against sex morality, have been set up in Europe, but with indifferent success. Mr. Flexner has pointed out the reasons why a morals police is no more likely to deal intelligently and effectively with the problem than is the regular force, while they are subjected to increased opportunities and temptations to act dishonestly.² It may be that a specially detailed group of officers, if its personnel is frequently changed, can effectively supplement the vigilance of the patrolman in repressing prostitution on his beat; it is more than doubtful whether such a group should supersede the patrolman altogether and relieve him of all responsibility for this class of crime.

Such laws as the Injunction and Abatement Law, the tin plate ordinance, and statutes prohibiting the publication of obscene literature depend for their enforcement largely upon the activity of an unofficial law enforcement agency constantly seeking evidence of their violation. Though the first two of

² *Prostitution in Europe*. Abraham Flexner. Century Company, New York, 1911. pp. 270-2, 341-2.

these laws give officials a powerful weapon for the repression of vice, they are reluctant to use them because they involve new procedure or a new method of attacking prostitution and district attorneys also claim that they cannot enforce the Injunction and Abatement Law because they do not possess the means of obtaining evidence. A notable instance of the possibilities of an unofficial agency is the work now being done by the Law Enforcement League of San Francisco, where, by the institution of suits under the Injunction and Abatement Law, the use of property in connection with commercialized prostitution is becoming legally dangerous.

Nearly every state recognizes, in one way or another, the far-reaching evils that grow out of the prevalence of venereal diseases, and their prevention and cure are coming to be viewed as public health problems. Frequently, however, measures are proposed and enacted with little regard to the fact that the state must rely upon the coöperation of the medical profession for the success of any comprehensive plan for the prevention and control of gonorrhea and syphilis. Public health officials are recruited from among physicians and are deeply affected by the opinions and prejudices prevailing in their profession. The effectiveness of public health measures is often marred because they are enacted by statute or ordinance, rather than by the regulation of a state or municipal board of health. Such boards are inclined to take a hostile attitude toward the enforcement of legislation enacted without consultation with them or against their judgment. Then, too, the amendment of a statute or ordinance is a more difficult matter than changing a board of health regulation, so that in some states obsolete or inadequate medical theories and practices encumber the statute books and hamper the work of boards of health. The public health is much more likely to be conserved and improved by bestowing broad powers upon boards of health to lay down the details of their program through their own regulations, easily and quickly modifiable in accordance with increasing scientific knowledge, than by the enactment of haphazard and comparatively permanent statutes by state legislatures or city councils.

For the enforcement of laws concerning immigration, labor, licensing, and sanitation, for the provision of adequate educational and recreational facilities, and for the segregation of the socially unfit, reliance must be chiefly placed upon state and municipal inspectors whose intelligence and social vision will determine the wisdom of their recommendations, and it is their recommendations for amendments to statutes which should be of fundamental importance, for social legislation assuredly has not yet passed out of the experimental stage. Such inspectors often are mere political appointees with slight qualifications for the arduous tasks set before them, with the result that amendments are framed and new laws proposed by a multitude of unofficial organizations which are prone to forget, in their zeal, the relation of their particular field of activity to social welfare in general.

Nor do these considerations of purpose and enforcement exhaust the problems to be considered in working out an adequate program of social hygiene legislation. Under the law as it exists today, the crime of prostitution is committed by the woman only, because the law's definition of prostitution, as well as the dictionary's, is "to give up to lewdness for hire," and it is only the female who does this. Yet no one hopes to suppress prostitution by attending solely to the prostitute. The act of the man in accepting the offer of the woman's body is certainly offensive to public decency, even if not in the same degree as the act involved in the woman's offer. But the Massachusetts experiment in making fornication a crime proves how futile such a law is when public opinion, as expressed through police, judges, and juries, is opposed to its enforcement. Occasionally to fine the man ten dollars for fornication is only a little less to be desired as a policy for suppressing prostitution than is the fining of the prostitute. Adultery, both as a matter of morals and, because of the possible infection venereally of a wife, as a matter of public health, is a greater offense than fornication. But Massachusetts makes not a pretense of enforcing its statute against adultery, though the records of its divorce cases supply abundant evidence. A recent statute in Connecticut makes it an offense to be a

frequenter of a house of prostitution. It will be interesting to watch the convictions under this law and the penalties imposed. Another recent statute is that enacted in New York which declares a person to be a vagrant, "who loiters in or near any thoroughfare or public or private place for the purpose of inducing, enticing, or procuring another to commit lewdness, fornication, unlawful sexual intercourse, or any other indecent act, or who in any manner induces, entices, or procures a person who is in any thoroughfare or public or private place to commit any such act." Now, not even by a legal fiction is it good public policy to class the casual consort of a prostitute with the traditional "hobo," and the only effect of this law has been to make possible the conviction for vagrancy of pimps and panders upon evidence which would be insufficient for conviction under the pandering act. A good end, but a confusing means of achieving it.

There is no likelihood of holding the man criminally responsible for the act of sexual intercourse with a consenting female of mature years, whether with or without a money consideration, until greater unanimity of public opinion refuting masculine sex necessity is brought about. Until such time, education, not penal legislation, is the proper field of social action, for as long as a very considerable proportion of men believe in masculine sex necessity, it is impossible to enforce such legislation, depending for its enforcement, as it does, upon the consent of the general public.

It is an altogether different matter in the case of the third person who profits financially as a result of the act of sexual intercourse. The public generally is quite willing to wage war on pimps, procurers, the owners and lessees of houses of prostitution, and the proprietors of disorderly saloons. Direct prohibitory laws are capable of enforcement against the operations of such persons.

Still another difficulty is the rapid change in the forms which prostitution assumes when attacked. No sooner is the segregated district abolished than the suburban road house springs up and automobiles are used as places of prostitution. In the

West prairie wagons have served a similar purpose and in most cities massage and bath parlors and "call houses" as well as assignation hotels are now common. The telephone is another means, secret and always accessible, of bringing the man and the woman together. With each change sufficient evidence to convict under existing laws becomes harder to obtain and new legislation is frequently necessitated. To rely on the police to ferret out these new forms of prostitution is to invite their continuance. A vigorous, resourceful law enforcement committee of private citizens, working in coöperation with the police whenever possible, is the most efficient way to repress commercialized prostitution. It is entirely within the power of the police to root out the traffic in women and girls, to close houses of prostitution, and to prevent street walking, but cities are slowly learning that it is only the unofficial law enforcing agency that can be counted on to follow prostitution into its new and less public lairs.

Closely related to commercialized prostitution is the traffic in liquor and habit-forming drugs. The illegal sale of liquor is the inevitable concomitant of the house of prostitution, and a considerable proportion of seductions, the victims of which ultimately become prostitutes, are accomplished when girls are under the influence of alcohol. Disorderly saloons are the meeting ground of prostitutes and their customers. The most notable instance of the effect of unwise liquor legislation upon prostitution is the Raines Liquor Law in the state of New York. How this statute actually stimulated the commercialization of prostitution and metamorphosed saloons into assignation hotels is clearly set forth in the annual reports of the Committee of Fourteen of New York City. Investigations preceding the enactment of the Harrison Anti-Narcotic Law, a federal statute restricting the importation, manufacture, and sale of habit-forming drugs, and of various state statutes enacted for the same purpose showed that the female users of such drugs tended to drift into prostitution as the final stage of their moral disintegration, because that was the only means available for obtaining money with which to purchase drugs. The extent

to which prostitutes become drug addicts has never been carefully ascertained. But studies made at institutions like the New York State Reformatory at Bedford provide some data on the use of alcohol and drugs by prostitutes.³

The provision in statutes of extreme penalties adds to the difficulties of law enforcement. Juries are loath to convict except of the grossest kinds of offenses against sex morality where they know that judges may and sometimes must impose penalties unnecessarily harsh. In most Southern states rape is punishable by death or life imprisonment. Such statutes are unenforced except as against negroes. In 1915, two statutes were enacted in California concerning perversion; one made sex perversion a felony, punishable by imprisonment for not less than twenty years, the other provided that sex perverts, when so declared after a hearing by the court, should be committed to the state hospital for treatment! Another bill introduced in the same session of the California legislature provided that rape should be punishable by imprisonment for not less than twenty nor more than fifty years. In England very few crimes are punishable by long prison terms, but, partly at least, because of the swiftness and greater certainty of convictions, less crime is committed there than in America.

The character of the evidence required by the courts and juries in cases involving sexual crime, unless the element of force or fraud or extreme youth of the girl is present, is a sharp deterrent to aggressive police action. Mr. Frederick H. Whitin, in an article in *SOCIAL HYGIENE*,⁴ has stated the details of the courts' requirements in New York, and the same holds true for most other American jurisdictions. It is enough to add that no satisfactory improvement can be expected until criminal procedure, including the whole body of the law of evidence, has been thoroughly revised in accordance with modern, scientific concepts.

³ *Commercialized Prostitution in New York City*. George J. Kneeland. Century Company, New York, 1913. p. 186.

⁴ *Obstacles to Vice Repression*. Frederick H. Whitin, Secretary of the Committee of Fourteen, New York City. *SOCIAL HYGIENE*, April 1916.

Finally, legislation will be expedited and its quality vastly improved when some coördination in formulating a program of desirable social measures is achieved by the agencies promoting such legislation. The enormous number of bills annually introduced in legislatures through the efforts of social workers is witness to the willingness of legislators to coöperate; it is witness also to the fact that the organizations which have undertaken to lead popular thought in the reconstruction of our social and economic institutions have not yet even formulated a comprehensive, constructive program of legislative action.

The establishment of a legal bureau, representing the many national social agencies, which should not only draft bills but also should determine the times when and the states in which such bills could be most advantageously introduced and urged for passage, has become a necessity.

The following program of social hygiene legislation does not represent a final conclusion. It is merely a composite of various measures, now in force in one or more states or cities, which seem to give promise of successful operation at the present time. Practically every state already has enacted all of the criminal statutes. The Injunction and Abatement Law is now in operation in twenty-seven jurisdictions. Adultery and fornication are statutory offenses in many states, but these laws have not thus far been enforced. Sterilization laws exist in several states and are popularly classed with social hygiene legislation but have only a slight bearing on either the repression of prostitution or the eradication of venereal diseases. The so-called marriage "health certificate" laws have a more practical bearing on the reduction of these diseases but, like the existing laws for reporting them, have either been unfortunately drafted or have not been followed by the development of effective administrative regulations. The measures suggested below have all been tried and where the administration has been efficient, have proved their worth.

1. STATE STATUTES

Commercialized Prostitution

White slavery; Keeping disorderly house (criminal); Injunction and abatement law (civil); Street soliciting; Disorderly saloons and hotels.

Offenses involving Sex

Age of consent; Seduction; Rape; Abduction; Desertion; Illegitimacy; Obscene literature.

Venereal diseases

Detention of persons in public institutions till cured; Prohibition of advertisement of "cures" for venereal diseases; Physician may disclose to prospective spouse.

Miscellaneous

State vice commission; Provision for department of education and publicity of state and municipal boards of health; Laws affecting labor, housing, immigration, licenses, and sanitation; Regulation of liquor and drug traffic; Segregation of feeble-minded and persistent prostitutes.

2. STATE BOARD OF HEALTH

Appropriation to study; Free diagnosis and salvarsan; Free literature; Public exhibits; Compulsory hospital facilities; Compulsory examination of certain classes of employees, including civil service; Prohibition of employment in industries where infection may result; District nurses; "Unprofessional conduct" for physicians to advertise treatment of venereal diseases; Compulsory reporting (see discussion below).

3. MUNICIPAL ORDINANCES

Municipal vice commission; Licensing of all rooming houses, hotels, massage and bath parlors, and private amusement places; Provision of municipal recreational facilities; Regulation of liquor traffic; Creation of special courts for disposition of cases of prostitution.

4. MUNICIPAL BOARD OF HEALTH

Free and pay clinics; Compulsory examination of civil service employees; Examination of other employees on request; Free literature; Public exhibits; District nurses.

The great undeveloped field is that which relates to venereal diseases. Here the board of health, the law-enforcing agency for most measures for the prevention and cure of these diseases, must not only administer such measures, but generally must improve them. It is probable that marked advance will be made in this direction. One of the essentials of such progress is an adequate system of reporting, the details of which, however, will necessarily be quite different from those governing the reporting of other communicable diseases. A sufficient number of experiments have been tried to indicate that it is only a matter

of time and education before these details are worked out. If, instead of attempting to legislate as to details, legislatures should place venereal diseases on the reportable list by some such act as that in the subjoined foot note, the educational value of the statute would be secured and health departments challenged to work out ways and means of obtaining reports without encountering the inevitable difficulties attending more specific legislation at this time.⁵

The extent and variety of legislation which has been enacted in the attempt to control venereal diseases is illustrated by the following list of statutes, ordinances, and regulations of boards of health.

STATE LAWS AND REGULATIONS OF STATE BOARDS OF HEALTH REGARDING
VENEREAL DISEASES

The following states, either by law or regulation of the state board of health, forbid the employment of a person having a venereal disease in—

Food-handling Establishments

- Arkansas—Bd. of Health, May 16, 1913.
- California—Laws 1909, page 151.
- Colorado—Laws 1913, ch. 128.
- Illinois—Approved June 5, 1911, Sec. 10.
- Indiana—Burns' Annotated Stat. (1914) sec. 7637h.
- Iowa—Sanitary Law, Sec. 2527h.
- Kansas—State Bd. of Health, Mar. 31, 1909. Reg. 7.
- Maryland—Laws 1914, ch. 678, Sec. 2 (e).
- Minnesota—Gen. Stat., Sec. 3731.

⁵ It shall be the duty of every physician in this state, and of every superintendent or manager of a hospital or public institution in this state, immediately to report to the local (or state) board of health every case of venereal disease which he is called upon to treat or which is in such hospital or public institution, and every such physician, superintendent or manager shall make such reports as may be required by the rules and regulations of the state board of health and shall comply with all the rules and regulations made by the said state board of health to prevent the spread of venereal diseases; provided that, if a person having a venereal disease is regularly treated therefor during its infectious stages by a duly licensed physician, the name and address of such person may be omitted from the report by said physician to the local (or state) board of health, and instead thereof a serial number shall be included in the report.

Missouri—Laws 1911, Sec. 8, Foods and Drugs Act.
Nebraska—Sanitary Food Law, Sec. 9840 x 8.
New Hampshire—Bd. of Health, May 9, 1911
New Jersey—Laws 1912, ch. 127.
New York—Sanitary Code, Sec. 146.
North Dakota—Comp. Laws, Sec. 2969.
Ohio—State Dairy and Food Dept., Reg. 7
Oklahoma—Bd. of Health.
Rhode Island—Laws 1910, ch. 576, Sec. 26.
Tennessee—Laws 1909, ch. 473, Sec. 8.
Wisconsin—Bd. of Health, April 6, 1914.
Wyoming—Laws 1913, ch. 108.

Barber Shops

Arkansas—Bd. of Health, May 16, 1913.
Colorado—Laws 1909, ch. 138.
Connecticut—Gen. Stat., Sec. 4672.
Illinois—Approved June 10, 1909, Sec. 11.
Kansas—Laws 1913, ch. 292, also Bd. of Health, Reg. 26.
Louisiana—Sanitary Code, Sec. 128.
Michigan—Laws 1913, Act 387, Sec. 10.
Minnesota—Gen. Stat., Sec. 5056.
Missouri—Rev. Stat., Sec. 1186.
New York—Public Health Council, Mar. 1, 1915.
North Dakota—Comp. Laws, Sec. 565.
Oregon—L. O. L., Sec. 4821.
Rhode Island—Gen. Laws, ch. 113.
South Carolina—Bd. of Health, Dec. 16, 1913.
South Dakota—Bd. of Health, July 25, 1913.
Texas—Declared unconstitutional.
Virginia—Bd. of Health, May 5, 1916.
Washington—Wash. Code, Title 45, Sec. 19.
Wisconsin—Bd. of Health, Aug. 26, 1915.

Bakeries

Connecticut—Gen. Stat., Sec. 2570.
New York—Laws 1913, ch. 463, Sec. 113a.
Oklahoma—Rev. Laws (1915) Sec. 3756B.
Indiana—Burns' Ann. Stat. (1914) Sec. 7634.
Pennsylvania—1 Purdon's Digest, p. 398.
Washington—Wash. Code, Title 37, Sec. 15.
Rhode Island—Laws 1910, ch. 576, Sec. 26.
Wisconsin—Wis. Stat. (1915) Sec. 1636-62, Sec. 4.
Mississippi—Bd. of Health, Aug. 20, 1912.
New Hampshire—Bd. of Health, May 9, 1911.

Meat Shops

New Hampshire—Bd. of Health, May 9, 1911.

School Hack Drivers

Indiana—Bd. of Health, Dec. 17, 1913.

Public Eating Places

Pennsylvania—Laws 1915, No. 281.

Laundries

Colorado—Bd. of Health, Feb. 7, 1916.

Manicure or Chiropodist Shop

Virginia—Bd. of Health, May 5, 1916.

MISCELLANEOUS PROVISIONS

Detention in Prison Till Cured

Connecticut—Laws 1911, ch. 220, Sec. 2975.

Massachusetts—Laws 1906, ch. 365.

Four Thousand Dollars Appropriated to Diagnose

Massachusetts—Laws 1914, ch. 295.

Hospital Facilities Required

Massachusetts—Laws 1906, ch. 365.

Syphilitic Prisoners Segregated

Massachusetts—Laws 1906, ch. 365.

Ten Thousand Dollars Appropriated for Manufacture or Purchase of Preventive Medicine for Free Distribution

Massachusetts—Laws 1916, ch. 47.

Appropriation of Seven Thousand Five Hundred Dollars for Serum Diagnosis

New York—Laws 1915, ch. 725-726.

Person Who Has, as Result of Prostitution, Is Vagrant

New York—Criminal Code, Sec. 887, subdiv. 3.

Physician Permitted to Disclose that Person about to be Married Has

Ohio—Laws 1915, p. 177.

Twenty Thousand Dollars Appropriated for Support of Females under Twenty-one Who Have

Oregon—Laws 1915, ch. 335, 351.

Board of Health to Provide Free Treatment and to Distribute Literature

Vermont—Laws 1913, No. 218.

Pupil Having not to Attend School

California—Public Health Act, Sec. 17.

Separate Ward for Venereal Cases in Industrial Home for Women

Wisconsin—Laws 1915, ch. 347.

Distribution of Literature Concerning Venereal Diseases

Florida—Bd. of Health, June 10, 1913.

Free Wassermann Test

California—Bd. of Health.

Massachusetts—Laws 1914, ch. 295.

Oregon—Bd. of Health.

South Carolina—Laws 1916, Act 551.

Utah—Bd. of Health.

Wisconsin—Laws 1915, ch. 307.

Wilful Communication Penalized

Iowa—Laws 1913, ch. 212.

Oklahoma—Rev. L., Sec. 2766.

Vermont—Laws 1915, No. 193.

Use of Swimming Pools Forbidden

Louisiana—Bd. of Health, Feb. 26, 1913; Amend. to Sanitary Code, Sec. 589,a.

Use of Public Baths Forbidden

Kansas—Bd. of Health, Reg. 26.

**MUNICIPAL ORDINANCES AND REGULATIONS OF MUNICIPAL BOARDS OF HEALTH
REGARDING VENEREAL DISEASES**

From January 1, 1910 to November 1, 1916

The following cities, either by ordinance or regulation of the municipal board of health, forbid the employment of a person having a venereal disease in—

Bakeries

- Cincinnati, O. Bd. of Health, Sec. 10, May, 1911.
- Seattle, Wash. Ordinance 26066, Sec. 10, June 30, 1910.
- Augusta, Ga. Ordinance, Sec. 1, July 30, 1912.
- Elyria, O. Ordinance, July 28, 1911.
- Bayonne, N. J. Bd. of Health, Jan. 20, 1912.
- Bellevue, O. Bd. of Health, Mar. 21, 1912.
- Cincinnati, O. Bd. of Health, July 24, 1912.
- Des Moines, Ia. Ordinance 2055, Nov. 13, 1912.
- Mobile, Ala. Ordinance, Sec. 8, July 9, 1912.
- Akron, O. Bd. of Health, Sec. 13, Nov. 1913.
- Cleveland, O. Bd. of Health, Sec. 11, July 28, 1913.
- Schenectady, N. Y. Ordinance, Sec. 3, Aug. 13, 1913.
- Spokane, Wash. Ordinance C. 1848, Jan. 4, 1915.
- Norwood, O. Bd. of Health, Feb. 6, 1915.
- Springfield, Ill. Ordinance, Mar. 23, 1915.
- Newport News, Va. Bd. of Health, Mar. 5, 1915.
- Evanston, Ill. Ordinance, Mar. 26, 1915.
- Chicago Heights, Ill. Ordinance, Sept. 8, 1915.
- North Yakima, Wash. Ordinance A-205, Apr. 10, 1916.
- Lynn, Mass. Bd. of Health, July 26, 1916.
- Decatur, Ill. Ordinance 270, Apr. 10, 1916.

Barber Shops

- Altoona, Pa. Bd. of Health, Rule 52, Mar. 30, 1911.
- Chelsea, Mass. Bd. of Health, Rule 71, May 10, 1910.
- Cincinnati, O. Bd. of Health, Sec. 14, May 1911.
- Bayonne, N. J. Bd. of Health, June 20, 1912.
- Bellevue, O. Bd. of Health, Mar. 20, 1912.
- Cincinnati, O. Bd. of Health, July 24, 1912. No. 63.
- Augusta, Ga. Bd. of Health, Sec. 28, Sept. 29, 1914.
- Johnstown, Pa. Ordinance 20, Sec. 85, Mar. 17, 1914.
- Paterson, N. J. Bd. of Health, Sec. 14, Nov. 10, 1914.
- Bloomfield, N. J. Bd. of Health, May 26, 1915.
- Greenwich, Conn. Bd. of Health, Oct. 15, 1915.

Hotels and Restaurants

- Bellevue, O. Bd. of Health, Mar. 21, 1912.
- Spokane, Wash. Ordinance C, 1548, Sec. 9, Nov. 17, 1913.
- Decatur, Ill. Ordinance 270, Apr. 10, 1916.

Food Handling Establishments

- Toledo, O. Bd. of Health, June 19, 1912. Sec. 2.
 Wilmington, N. C. Ordinance, June 1, 1912.
 Danville, Va. Ordinance, Dec. 13, 1913.
 Evanston, Ill. Ordinance, June 3, 1913. Sec. 7.
 Hamilton, O. Ordinance 946, Secs. 14 and 26, Mar. 6, 1913.
 Lexington, Ky. Ordinance 149, Sec. 8, July 9, 1913.
 Oklahoma, Okla. Ordinance, Jan. 28, 1913, Sec. 235.
 Wilmington, N. C. Ordinance 198, Feb. 28, 1913.
 Haverhill, Mass. Bd. of Health, Sec. 42, May 17, 1914.
 Houston, Texas. Ordinance, Sec. 181, Jan. 26, 1914.
 Huntington, W. Va. Ordinance, Sec. 8, May 25, 1914.
 New Hanover County, N. C. Bd. of Health, Sec. 91, Sept. 2, 1914.
 Spokane, Wash. Ordinance C. 1548, Jan. 4, 1915.
 Toledo, O. Bd. of Health, Apr. 29, 1915.
 Freeport, Ill. Ordinance 5, Feb. 1912.
 Tacoma, Wash. Ordinance 6078, Mar. 24, 1915.
 New York, N. Y. Dept. of Health, Mar. 30, 1915, Dec. 21, 1915.
 Bellevue, O. Bd. of Health, Mar. 21, 1912.
 New Britain, Conn. Ordinance, July 5, 1916.
 North Yakima, Wash. Ordinance A-205, Apr. 10, 1916.
 Mt. Vernon, N. Y. Bd. of Health, Jan. 10, 1916.

Milk

- Memphis, Tenn. Ordinance, Aug. 19, 1910.
 Jackson, Tenn. Ordinance, Dec. 14, 1911.
 Cairo, Ill. Ordinance 25, Sec. 8, Rule 11, Sept. 10, 1913.
 Charles, La. Ordinance, Sec. 6, June 12, 1913.
 Mobile, Ala. Ordinance, Sec. 12, June 5, 1913.
 Perth Amboy, N. J. Bd. of Health, Art. 7, Sec. 9, Sept. 17, 1913.
 New Hanover County, N. C. Bd. of Health, Sec. 102, Sept. 8, 1914.
 Kansas City, Mo. Ordinance 23,314, July 17, 1915.
 Hackensack, N. J. Bd. of Health, Dec. 28, 1915.
 Morristown, N. J. Bd. of Health, Apr. 10, 1916.
 North Yakima, Wash. Ordinance, July 5, 1916.

Laundries

- Spokane, Wash. Ordinance C. 1848. Jan. 4, 1915.
 North Yakima, Wash. Ordinance A-205, Apr. 10, 1916.

Meat Handling

- Savannah, Ga. Ordinance, Sec. 16-f, Dec. 10, 1913.
 Waycross, Ga. Ordinance, Sec. 16-f, Feb. 17, 1914.

MISCELLANEOUS PROVISIONS

Swimming Pools

- Seattle, Wash. Ordinance, Sec. 4, May 15, 1911.
 Houston, Texas. Ordinance, Art. 9, Sec. 84, Jan. 26, 1914.

Municipal Clinic Established

- San Francisco, Cal. Ordinance, Feb. 14, 1911. (This ordinance provided for a segregated district and medical inspection of prostitutes.)

Medical Examination of Prostitutes

Cincinnati, O. Bd. of Health, No. 73, Oct. 30, 1912.

Reports of Venereal Diseases Required from Public Institutions

New York City. Bd. of Health, Feb. 20, 1912.

Public Institutions to Report Venereal Diseases, and Bd. of Health to Establish Free Clinic

Montclair, N. J. Bd. of Health, Jan. 23, 1913.

Communicable Diseases Except Venereal Reportable

Manchester, Conn. Bd. of Health, 2, Jan. 27, 1914.

New Britain, Conn. Ordinance, Sec. 2, Sept. 1, 1914.

Persons Having Venereal Disease to Take Proper Treatment for Cure or to be Isolated

Montclair, N. J. Bd. of Health, Art. 10, Sec. 5, Dec. 8, 1914.

Children's Homes Examined to Detect Venereal Diseases in

New York City. Bd. of Health, July 28, 1914.

Children Having Venereal Diseases Excluded from Homes

Orange, N. J. Bd. of Health, Aug. 25, 1914.

Food Handling in County Institutions, Homes, and Camps by Persons Having Venereal Diseases Forbidden

New Hanover County, N. C. Ordinance, Sec. 161, No. 31, Sept. 8, 1914.

Dispensaries Must Report

Chicago, Ill. Ordinance, June 8, 1907.

Venereal Diseases Reportable

Pittsburgh, Pa. Ordinance, 119, Apr. 29, 1915.

New York, N. Y. Sanitary Code, Sec. 88.

Rochester, N. Y.

CITATIONS TO STATE SOCIAL HYGIENE LAWS

STATE	AGE OF CONSENT	WHITE SLAVERY	INJUNCTION AND ABATEMENT LAW	KEEPING DISORDERLY HOUSE	STERILIZATION	VENEREAL DISEASES BAR TO MARRIAGE	VENEREAL DISEASES REPORTABLE	VENEREAL DISEASE ADVERTISEMENTS PROHIBITED
Alabama	14 years; Code 1907, sec. 7699-7702	Code 1907, sec. 7619		Code 1907, secs. 1294, 7843				
Alaska	16 years; Comp. L. 1915, sec. 1894	Comp. L. 1915, secs. 2101-8		Comp. L. 1915, sec. 2007				
Arizona	18 years; Penal Code, 1913, sec. 231	Penal Code, 1913, secs. 242-8	Civil Code, 1913, secs. 4340-9	Penal Code 1913, sec. 317				
Arkansas	16 years; Kirby's Dig., 1904, sec. 2008	L. 1913, Act 105		Kirby's Digest, 1904, sec. 5438				
California	18 years; Penal Code, 1915, sec. 261	Penal Code, 1915, secs. 266a-g	L. 1913, Ch. 17	Penal Code, 1915, sec. 315 6.	Henning's Gen. L., 1914, vol. 5, Ch. 37,		Political Code, 1915, sec. 2979a	
Colorado	18 years; Mills' Ann. Stat., 1912, sec. 1777	Mills' Ann. Stat., 1912, secs. 1903-6	L. 1915, Ch. 123	Mills' Ann. Stat., 1912, sec. 1908			State Board of Health, Feb. 7, 1916.	
Connecticut	16 years; Gen. Stat. Rev., 1902, sec. 1148	L. 1911, Ch. 102		L. 1907, Ch. 122; L. 1911, Ch. 97	L. 1909, Ch. 209		Gen. Stat. Rev., 1902, sec. 2975, L. 1915, Ch. 92.	
Delaware	16 years; Rev. Code, 1915, sec. 4706-9	L. 1911, Chs. 276-7		L. of Del., vol 20, 1895, Ch. 208, sec. 1				
District of Columbia	16 years; Code, 1911, Ch. 19, sec. 808	Code, 1911, p. 436	Public No. 52, 43d Congress	Public No. 226, 62d Congress				
Florida	10 years unchaste; 18 years chaste; Comp. L., 1914, sec. 3221; L. 1915, Ch. 6974	Comp. L., 1914, secs. 3523, 3523a, 3537		Comp. L. 1914, sec. 3535				
Georgia	10 years; Parke's Ann. Penal Code, 1914, sec. 93	Rev. L., 1915, sec. 4158		Parke's Ann. Penal Code, 1914, secs. 382-3				
Hawaii	15 years; Rev. L., 1915, sec. 4149	L. 1911, Ch. 205		Rev. L. 1915, secs. 4122, 4159, 4165-7				
Idaho	18 years; Penal Code, 1908, sec. 6785	L. 1911, Ch. 205	L. 1915, Ch. 43	Penal Code, 1908, sec. 68.2				

CITATIONS TO STATE SOCIAL HYGIENE LAWS—Continued

STATE	AGE OF CONSENT	WHITE SLAVERY	INJUNCTION AND ABATEMENT LAW	KEEPING DISORDERLY HOUSE	STERILIZATION	VENEREAL DISEASES BAR TO MARRIAGE	VENEREAL DISEASES REPORTABLE	VENEREAL DISEASE ADVERTISEMENTS PROHIBITED
Illinois	16 years; Stat. Ann., sec. 3390	Stat. Ann., secs. 3363-7	L. 1915, p. 371	Stat. Ann. secs. 1730, 3591-2	Burns' Stat. Ann., 1914, sec. 2332	Burns' Stat. Ann., 1914, sec. 8365	State Board of Health, Dec. 17, 1913	
Indiana	16 years; Burns' Stat. Ann., 1914, sec. 2250	Burns' Stat. Ann., 1914, secs. 2356-2356d	L. 1915, Ch. 122	Burns' Stat. Ann., 1914, sec. 2357			Code, 1915, secs. 2575a 6a-b-c.	Code 1915, sec. 4054
Iowa	15 years; Code, 1915, sec. 4756	Code, 1915, secs. 4944h-i	Code, 1915, secs. 4944h-i-h11	Code, 1915, sec. 4939	Code, 1915, secs. 2800-s2-s6		State Board of Health, Dec. 13, 1913	
Kansas	13 years; Gen. Stat., 1909, sec. 2519	L. 1913, Ch. 179	L. 1913, Ch. 179	L. 1913, Ch. 179	L. 1913, Ch. 305			
Kentucky	16 years; Stat. 1915, sec. 1155	Stat. 1915, secs. 1215, 1215a		Common Law				
Louisiana	18 years; L. 1908, No. 84	Rev. L., 1904, vol. III, p. 129; L. 1910, Nos. 237, 238, 295, 307	L. 1912, No. 199	L. 1912, No. 199			State Board of Health, Nov. 25, 1913, April 24, 1914	
Maine	10 years; Rev. Stat., 1903, Ch. 119, sec. 17, p. 914	L. 1913, Ch. 97	Rev. Stat., 1903, Ch. 22, secs. 1-4	Rev. Stat., 1903, Ch. 29, sec. 69; Ch. 125, secs. 9-12				
Maryland	16 years; Bagby's Ann. Code, 1914, vol. III, secs. 421-2	Bagby's Ann. Code, 1914, vol. III, secs. 379, 386		Bagby's Ann. Code, 1914, vol. III, sec. 105				
Massachusetts	16 years; Rev. L., 1902, Ch. 207, sec. 23, p. 1745	L. 1910, Ch. 424, L. 1914, Ch. 621	L. 1914, Ch. 624	Rev. L., 1902, Ch. 101, secs. 6-11, p. 839				L. 1908, Ch. 336; Rev. L. Supplement, p. 1442
Michigan	16 years; Howell's Stat., 1914, sec. 14542	Howell's Stat., 1914, secs. 14546, 14324-5, 14335-41	L. 1915, No. 272	Howell's Stat., 1914, secs. 5629, 5985, 14782-4.	L. 1913, No. 34 (Unconstitutional)	Howell's Stat., 1914, sec. 11428	State Board of Health, July 10, 1914, Sept. 1, 1915.	Howell's Stat., 1914, secs. 5110, 5299
Minnesota	18 years; Gen. Stat., 1913, sec. 8556	Gen. Stat., 1913, sec. 8660-1, 8713-5	Gen. Stat., 1913, secs. 8717-26	Gen. Stat., 1913, sec. 8712				Gen. Stat., 1913, secs. 8709-11.
Mississippi	12 years; Stat., 1914, Ch. 171			Common Law				

Missouri	14 years unchaste; 18 years chaste; Rev. Stat., 1909, seca. 4471-2, as amended by L. 1913, p. 219	L. 1913, p. 219		Rev. Stat., 1909, sec. 4754-6				Penal Code, 1907, secs. 8401-5
Montana	15 years unchaste; 18 years chaste; Rev. Code, 1915, sec. 8336	Rev. Code, 1915, secs. 8341-8342h		Penal Code, 1907, secs. 3397-8				Rev. Stat., 1913, sec. 8759.
Nebraska	15 years unchaste; 18 years chaste; Rev. Stat., 1913, sec. 8588	Rev. Stat., 1913, secs. 8772-4	Rev. Stat., 1913, seca. 8775-8782	Rev. Stat., 1913, secs. 8783-4	L. 1915, Ch. 237			
Nevada	16 years; Rev. L., 1912, sec. 6442	L. 1913, Ch. 233		Rev. L., 1912, secs. 3457-8, 6510-13	Rev. L., 1912, sec. 6293			
New Hampshire	16 years; Pub. Stat., 1901, Ch. 278, sec. 15, p. 832	L. 1911, Ch. 76; L. 1915, Ch. 34		Pub. Stat. 1901, Ch. 50, sec. 10, p. 192				
New Jersey	16 years; Comp. Stat., 1910, sec. 115, p. 1783	Comp. Stat., 1910, secs. 47a-g, p. 1760	L. 1916, Ch. 154	Comp. Stat., 1910, secs. 1842, 2166, 2457, 2582, 2699, 2777. Sec. 1, p. 5415, sec. 308, p. 5529	L. 1911, Ch. 190, (unconstitutional as to epileptics)			
New Mexico	16 years; Stat. Cod- ification, 1915, sec. 1494	Stat. Codification, 1915, sec. 1779		Stat. Codification, 1915, secs. 1780-7				
New York	18 years; Penal Law, 1915, sec. 2010-13	Penal Law, 1915, secs. 1090, 1148, 2460	L. 1914, Ch. 365	Penal Law, 1915, sec. 1146	L. 1912, Ch. 455, Art. 19.			
North Carolina	10 years unchaste; 14 years chaste; Pell's Rev. L., 1908, sec. 3348	Pell's Rev. L. Supp., 1913, sec. 3354a L. 1913, Ch. 761 (Local)	L. 1913, Ch. 761 (Local)	Pell's Rev. L. 1908, sec. 3740-a-b. Pell's Rev. L. Supp., 1913, sec. 3739b				
North Dakota	18 years; Comp. L., 1913, sec. 9563. L. 1915, Ch. 201	Comp. L., 1913, secs. 9572-3, 9642-3	Comp. L., 1913, seca. 9644-51	Comp. L., 1913, secs. 3399 (56), 3818 (51), 9639-41	Comp. L., 1913, secs. 11429-38	State Board of Health	Comp. L., 1913, secs. 4373-8	Comp. L., 1913, sec. 9556-7

CITATIONS TO STATE SOCIAL HYGIENE LAWS—Continued

STATE	AGE OF CONSENT	WHITE SLAVERY	INJUNCTION AND ABATEMENT LAW	KEEPING DISORDERLY HOUSE	STERILIZATION	VENEREAL DISEASES BAR TO MARRIAGE	VENEREAL DISEASES REPORTABLE	VENEREAL DISEASE ADVERTISEMENTS PROHIBITED
Ohio	16 years; Gen. Code, 1910, sec. 12415, as amended by L. 1915, p. 243 16 years unchaste; Rev. L., 1910, secs. 2414-19	L. 1913, p. 188		Ann. Gen. Code, 1912, sec. 13031 Rev. L., 1910, secs. 2467-9			State Board of Health, Oct. 21, 1914	p. 1915, p. 177 (partial)
Oklahoma	16 years unchaste; Rev. L., 1910, secs. 2414-19	Rev. L., 1910, secs. 2425-30						
Oregon	16 years; L. O. L., 1910, sec. 1912	L. O. L., 1910, sec. 2091-2, L. 1911, Ch. 68	L. 1913, Ch. 274	L. O. L., 1910, sec. 2089		L. 1913, Ch. 187		L. O. L., 1910, sec. 2095
Pennsylvania	16 years; Purd. Dig., vol. 1, secs. 442-5, p. 1004 16 years; Gen. L., 1909, secs. 3, 4, p. 1276 14 years; Crim. Code, 1912, secs. 141-3	Purd. Dig. Supp., 1912, pp. 209-10 L. 1915, Ch. 1219	L. 1913, No. 852	Purd. Dig., vol. 1, sec. 46, p. 909 Gen. L., 1909, Ch. 108, secs. 1, 2, 4-7, p. 394 Common Law		L. 1913, No. 468		Purd. Dig., vol. 1, sec. 360, p. 988
Rhode Island	16 years; Gen. L., 1909, secs. 3, 4, p. 1276 14 years; Crim. Code, 1912, secs. 141-3	L. 1915, Ch. 1219						
South Carolina	16 years; Gen. L., 1909, secs. 3, 4, p. 1276 14 years; Crim. Code, 1912, secs. 141-3	L. 1915, Ch. 1219						
South Dakota	18 years; Penal Code, 1913, Ch. 26, secs. 334-5 26, secs. 325-31 21 years unchaste; L. 1911, Ch. 36	Penal Code, 1913, Ch. 26, secs. 334-5 Code 1896, sec. 6768	Penal Code, 1913, p. 603 L. 1913, 2d Sp. Sess., Ch. 2	Penal Code, 1913, p. 603 Code 1896, secs. 6769, 6870-1				Penal Code, 1913, p. 654a
Tennessee	18 years; Penal Code, 1913, Ch. 26, secs. 334-5 26, secs. 325-31 21 years unchaste; L. 1911, Ch. 36	Penal Code, 1913, Ch. 26, secs. 334-5 Code 1896, sec. 6768	Penal Code, 1913, p. 603 L. 1913, 2d Sp. Sess., Ch. 2	Penal Code, 1913, p. 603 Code 1896, secs. 6769, 6870-1				Penal Code, 1913, p. 654a
Texas	15 years; Penal Code, 1916, Arts. 506a-e 1063-70 18 years; Comp. L., 1907, secs. 4217-21 16 years; Pub. Stat., 1906, secs. 5717-8 14 years; Code 1904, secs. 3680, 3680a	Penal Code, 1916, Arts. 506a-e L. 1911, Ch. 108, L. 1915, Ch. 6 L. 1910, No. 228	Penal Code, 1916, Arts. 501-6 L. 1913, Ch. 99	Penal Code, 1916, Arts. 496-500 Comp. L., 1907, secs. 4251-2 Pub. Stat., 1906, sec. 5893 Code 1904, sec. 3790				
Utah	18 years; Comp. L., 1907, secs. 4217-21 16 years; Pub. Stat., 1906, secs. 5717-8 14 years; Code 1904, secs. 3680, 3680a	L. 1911, Ch. 108, L. 1915, Ch. 6 L. 1910, No. 228	L. 1913, Ch. 99	Comp. L., 1907, secs. 4251-2 Pub. Stat., 1906, sec. 5893 Code 1904, sec. 3790		L. 1909, Ch. 109, sec. 4 L. 1915, No. 198	L. 1911, Ch. 90 L. 1912, No. 218, L. 1915, No. 198	
Vermont	16 years; Pub. Stat., 1906, secs. 5717-8 14 years; Code 1904, secs. 3680, 3680a	L. 1910, No. 228	L. 1913, Ch. 99	Comp. L., 1907, secs. 4251-2 Pub. Stat., 1906, sec. 5893 Code 1904, sec. 3790				
Virginia	14 years; Code 1904, secs. 3680, 3680a	Code Supp., 1910, p. 900	L. 1916, Ch. 463	Code 1904, sec. 3790				

Washington	15 years unchanged; 18 years chaste; Code, 1912, Title 135, secs. 385, 7, 9 14 years: Code 1913, sec. 5166. 18 years: Stat., 1915, secs. 4381-2 18 years: Comp. Stat., 1910, sec. 5803	Code 1912, Title 135, sec. 375 Code 1913, secs. 5168-72, 5314-5 Stat., 1915, secs. 4581a-h3 Comp. Stat., 1910, secs. 5908, 5914-5, L. 1915, Ch. 6 32 Stat. at L. Ch. 1012, 36 Stat. at L. Ch. 395, 36 Stat. at L. Ch. 128	Code Supp., 1913, Title 135, secs. 1701-15 Stat., 1915, secs. 3185b-h	Code 1912, Title 77, secs. 323, 389, Title 135, secs. 1551, 3, 5 Code 1913, sec. 5313 Stat., 1915, sec. 4539 Comp. Stat., 1910, sec. 5909	Code 1912, Title 135, sec. 69 Stat., 1915, sec. 561jm-n	Code 1912, Title 329, secs. 33, 5, 7, 9 Stat., 1915, sec. 2339m Stat., 1915, sec. 1416 (1)	Stat., 1915, sec. 4590n
West Virginia							
Wisconsin							
Wyoming							
United States							

NOTE: The limitations of this article have not permitted the inclusion of the texts of the laws, ordinances, and regulations cited. Further information concerning them may be obtained from the American Social Hygiene Association, 105 West 40th Street, New York City

THE SOCIAL ASPECTS OF SYPHILIS¹

. The medical profession is, I venture to believe, more keenly interested in the social aspects of the problem than any other group of the community, for the reason that it has a more intimate knowledge of the perils and misery of syphilis. But the social problems involved in the control of syphilis are not problems on which medicine can pretend to speak with the greatest authority. These problems belong to sociology. I dare to urge, however, that if syphilis is ever to be controlled it will be by attacking it as a sanitary problem.

I am far from any desire to minimize the importance of the efforts to control syphilis and the other venereal diseases by methods of social and moral prophylaxis. It would seem to be the bounden duty of right-minded parents to have their children properly informed about the obvious facts of sexual life and about the dangers of the venereal diseases. How important it is that the knowledge of the dangers of the venereal diseases should be gained in youth, is shown by the fact that of all times of life the age between 18 and 24 years represents the period at which syphilis is most frequently contracted by both sexes. There can be no doubt of the usefulness of the efforts to educate the adult public also with regard to the formidable dangers of syphilis and gonorrhea. It surely makes for the reduction of venereal diseases to inculcate the importance of high standards of morality and the hygienic value, to say nothing of other things, of clean living. It is the duty of society to protect its youth and its young manhood and womanhood, as far as possible, from the temptations that arise from improper suggestions and surroundings and associates.

Last and most important of all, society should awaken to the danger that arises from the later and later postponement of marriage, and should make some effort to modify the conditions of life which render it economically impossible for most young men and many young women to marry. It should recognize that the tendency to postpone marriage until well along in adult life is a direct play in favor of the venereal diseases.

¹ *Syphilis as a Modern Problem.* By William Allen Pusey, M.D. American Medical Association, Chicago. 1915.

PROSTITUTION AND ALCOHOL¹

WALTER CLARKE

Field Secretary of The American Social Hygiene Association

Intoxicating drink has been associated with prostitution from the earliest times. Through the pages of social history, alcohol figures as the evil genius of sex life almost from the beginnings of civilization. St. Jerome called wine and youth the two fires of lust. Ivan Bloch says: "Alcohol everywhere in the most diverse conditions prepares the way for prostitution." Dr. Prince A. Morrow declared: "Alcohol relaxes the morals, while it stimulates the sexual impulse." Modern scientists, such as Dr. William Healy, hold that alcohol plays a notorious part in prostitution. Every Commission that has studied prostitution agrees with the Chicago Report which refers to alcohol as the "most conspicuous and important element next to prostitution itself." The exploiters of vice are keen to take advantage of the intimate, subtle association of intoxicating drink and sexual immorality and to utilize it in commercializing the weaknesses of human nature.

The psychological effect of alcohol upon the sex impulse presents a difficult scientific problem. Introspective observations are unsatisfactory because the observer is himself affected by the conditions of the experiment. The analyses from observation of the conduct of drunken men and women are largely suppositional, and can not be regarded as final. Little laboratory work has been done, and the most modern experiments in some degree overthrow the results of the older researches.

Physiologists have observed that profound changes take place

¹ Based upon personal investigations in the disorderly resorts of many American cities, work in connection with the Wisconsin Vice Commission (1914-1915), a field study of the child labor problem for the Massachusetts Board of Labor and Industries (1913), a careful examination of the authorities upon the subject, and conferences on the psychological aspects of alcoholism and prostitution.

in the brain and nerve centers of chronic alcoholics, and have, according to Rosenthal, discovered that the effect of alcohol upon nerve centers is similar to that of other narcotics, such as chloroform and morphine. They have concluded that alcohol has a selective effect upon the reproductive organs.² Some have thought that alcohol actually causes temporary physiological changes in blood pressure and in the sensations of the reproductive organs, thus creating subjective mental images and arousing the sex passions. However, though there are possibilities of this sort, physiological or psychological experiments have not yet shown what actually happens, and further research must be awaited for definite conclusions.

The findings of some of the older psychologists should not be overlooked, though they may not be in agreement with present or future experimental conclusions. They held that the functions of the brain were, under the influence of alcohol, gradually benumbed, paralyzed, depressed, the higher functions being affected first. Thus Ribot, in describing the order of the "emotional decline," gave the following sequence:—

The first to go are the "disinterested emotions—esthetic and higher forms of the intellect;" second, "altruistic—social and moral;" third, "ego-altruistic—sexual love and religion;" fourth, "purely egotistic—anger, fear, nutrition." Dr. George R. Cutten says that the principles of self-abnegation, modesty, love, patience, fortitude, self-criticism, and self-control are lost, and correspond-

² Bertholet studied the influence of alcoholism on the histological structures of sperm glands, and found atrophy of the testicles in more than one-half of 75 alcoholics. He concluded that the atrophy was due to chronic alcoholism. E. Bertholet, *Ueber Atrophie des Hoden bei chronischem Alkoholismus*, *Centralbl. f. allg. Path. u. path. Anat.*, Jena 1909, xx, 1062-1066. "The sexual desire is diminished and indeed abolished in alcoholic patients."

Doctor Thomeuf, *Alcoholism in Women*, Wood's *Medical and Surgical Monographs*, vol. vii, No. 2, p. 359. "Alcohol at first heightens the activity of the sexual instincts, while at the same time it decreases the power of sexual satisfaction."

H. J. Berkeley, *Mental Diseases*, p. 253; "Probably a direct toxic action is exercised on the reproductive elements. Testicular atrophy has been observed, and in women addicted to alcohol, menstruation ceases prematurely and the ovaries atrophy." L. G. Robinvitch, *Infantile Alcoholism*, *Quarterly Journal of Intebriety*, xxv, 231.

ingly, self-sufficiency arises. And again Rosenthal remarks that in women, there is a diminution or total loss of shame.

Kraepelin dug deeper into the effects of alcohol, confirming by his experiments the conclusions of common observation. He found "impairment of perception," increasing to the point of insensibility of sense organs; "slowing of association processes," with the consequent effect upon conduct; changes in the quality of associations, producing "shallowness of mental operations;" "easier release of the impulse to action," with the commonly observed results in ill-considered conduct; "loss of resistance" to suggestion of word or example. "With this side of the effects of alcohol is to be connected the fact that under its influence those restraints which we call timidity, embarrassment, perplexity, disappear; that all those numberless considerations which at other times so finely regulate the speech and action of men in their intercourse with one another, lose their power over us. We become artless, spirited, reckless; we speak plainly, express our opinions rudely, without taking the trouble to think about the effect of our words, tell our secrets, and unveil the most intimate emotions of our soul without restraint to the most indifferent strangers."

Dr. George T. W. Patrick remarks: "Alcohol acts as a narcotic and depressant upon all the nervous elements. Its action among the delicate cells of the brain is that of a rough, intruding agency, and its paralyzing effect is most felt in those brain centers which are phylogenetically newer and least stable. It inhibits the inhibitory centers and slightly paralyzes the powers of control and coördination, and this, in a way, sets free all the older impulses and instincts."

"All motor reactions," says Professor Hugo Münsterberg, in discussing the relation of alcohol to crime, "have become easier, all acts of apperception worse, the whole ideational interplay has suffered, the inhibitions are reduced, the merely mechanical superficial connections control the mind, and the intellectual processes are slow. Is it necessary to demonstrate that every one of these changes favors crime? The counter ideas awake too slowly, hasty action results from the first impulse before

it can be checked, the inhibition of the forbidden deed becomes ineffective, the desire for rash, vehement movements becomes overwhelming."

The work of Dodge and Benedict on the *Psychological Effects of Alcohol* is the result of the finest and ripest experience of modern experimental psychology. The amazing complexity of the problem of the effect of alcohol is made evident to the reader of their report and to the visitor in their laboratory. Their experiments test the simplest and most easily measured phenomena. Their results indicate in brief, the following conclusion: The general effect of alcohol upon the processes measured was that of a depressant. The most marked effect was upon the knee-jerk; the second largest was upon the eyelid reflex; the third largest upon the sensory threshold; the fourth upon the eye movement; the fifth upon the speed of reciprocal innervation of the finger; the sixth and seventh upon the reaction time of the eye and speech organs; and the eighth a negative result in memory. "The natural grouping of the processes with respect to the magnitude of the percentile effects of alcohol, viz., first, the two reflexes; second, the sensory threshold; third, the two motor coördinations; fourth, the two elaborated reactions; and fifth, the memory, is too consistent to be accidental. It is confirmatory evidence of the reliability of our results, that similar processes yield similar results."

In contrast with the conclusions of Kraepelin, Dodge and Benedict found that "Taken altogether, our data leave no doubt that alcohol shows a real difference of incidence in its effects on different levels of the nervous system of both normal and psychopathic subjects. The lowest centers are depressed most and the highest least. This is entirely contrary to our traditions. But as Professor Hunt remarked in an informal discussion of these results: 'If alcohol had selectively narcotized the higher centers it would have been used as an anesthetic years ago.'" "The regular and self-consistent data" of their experiments indicate "that the simplest possible movements are much more seriously depressed by alcohol than the more distinctly intellectual processes." "It is to be noted," says the report

in chapter IX, "that the greatest and most persistent change consequent to alcohol is in the processes which are most completely withdrawn from voluntary reinforcement and voluntary control. The higher centers alone show a capacity for autogenic reinforcement."

This sort of result throws grave doubt upon the statements of the older investigators, and seems to discredit the simple explanation that the effect of alcohol follows what is thought to be the phylogenetic order of the development of brain functions, for it does not appear that the more recently evolved functions are affected first. Thus Ribot's classification, quoted above, becomes merely a guess at the effects of alcohol.

But "There can be little doubt," say Dodge and Benedict, "That in small experimental doses along with and as a part of the general depression, we have clear indications of a paralysis of inhibitory or controlling factors. . . . It seems probable, too, that we have herewith come upon the grounds for a wide variety of effects which are commonly observed in the social use of alcohol, when circumstances give the reinforcement and alcohol reduces the inhibitions."

It is upon this important and significant point that the most careful of experimental studies seem to agree. The most clearly defined effect of alcohol is upon the inhibitions. As Patrick says, alcohol "inhibits the inhibitions." In this particular, experimental evidence and observation agree, the data of the laboratory explaining, in a way, the conduct which may be seen in the barroom or brothel. Whoever has closely observed a drunken man or woman, has seen the emotions, the physical instincts, bubble to the surface, and the restraints of discretion, forethought, morals, and the like disappear. It is not so much that evil or brutal passions are stirred by alcohol. Often the intoxicated person is entirely harmless and very easily controlled, generous to the point of foolhardiness, gay, unrestrained, and boisterous. But as a result of the suppression of inhibitions, the intoxicated person becomes suggestible, open to the flood of his or her own emotions and to the stimulations of various factors in the immediate environment.

It is this condition of emphasized, accentuated suggestibility that accounts in part at least for the tremendous influence of alcohol in sex morals. As Bloch says, alcohol "prepares the way" for moral lapses. In case there is, in the mind of the intoxicated person or in the moral atmosphere of the group in which the drunken man finds himself, a tendency toward certain conduct, that individual's will is very frequently incapable of withstanding suggestion, even if the meaning of such suggestion is taken into consideration by him. What more common method is employed in bringing about moral lapses in young men or girls than the use of strong drink in an environment suggestive of immorality?

The well-known methods of the pander or procurer who plans the entanglement of a particular man or woman are founded upon this weakening result of alcohol upon ordinary restraints. It is related that a pander who worked among the students of a large university was accustomed to take young men, with whom he scraped a casual acquaintance, to some wine room where a dinner would be served and drinks liberally indulged in. The pander was careful to arrange the journey back to the students' quarters so as to pass the brothel for which he was a runner. When near this resort, the pander would suggest to his half-intoxicated companions a visit to the resort. In his testimony before a vice commission, he stated that very few of the young men upon whom he tried this plan were able to withstand the suggestion. It was his endeavor to secure young men who had previously had no such experience.

The reports of vice commissions give numerous instances of parallel cases among girls. It is partly because the intoxicated man or woman is unable, on the one hand, to control the native sex impulse, and on the other hand, unable to withstand urgent suggestion, that alcohol contributes so substantially to immorality.

But other psychological factors must play a very large part—a part, which though confused with alcohol, is not simply of alcoholic origin. There is beneath the surface of the well-ordered conduct of every normal (and many abnormal) individual, the great fact of sex. The impulse of this instinct is, especially in

youth, never far below the threshold of consciousness. If this urgent passion is bent on satisfaction, there is always in drink an easy and almost unconscious liberation from the scruples that hold one to the straight and narrow path. But the young man who must be more or less under the influence of alcohol before he can so completely discard his virtues as to enter a house of prostitution or seduce some foolish girl, can hardly advance the alcohol excuse. It was something in his character, in his mind before alcohol was taken, that determined his action. Alcohol is clearly a factor but it is the accessory, not the cause. It facilitates and makes easier the overthrow of any uncomfortable conscientious objection.

There are occasionally girls who, without knowledge of the dangers that lie about them, are taken to drinking resorts, become the victims of drugs, and are forcibly carried away to disorderly houses and there debauched. These are the typical "white slave" cases. In such cases, alcohol plays a disastrous rôle. The luxurious cafés or the low dives that lend themselves to such abuses are part of the network of vicious influences that propagate and protect prostitutes and panders. The sale of liquor in conjunction with immorality is a part of the daily business of such places. But the motive in the white slave case is the profit which the procurer expects to reap, alcohol being merely an instrument, a tool with which to work. Drink and the disorderly place in which it is sold, facilitate and provide the opportunity for the carrying out of a vicious design, which is only indirectly influenced by liquor itself.

The more ordinary type of experience is that of the girl who drifts from bad to worse associates, frequents questionable dance halls and cafés, acquires the drink habit, and falls gradually into immorality. From illicit relations with one man, she becomes what is known as a "charity girl," picking up a man here and there for an evening's excitement and dissipation. The step from "charity girl" to common prostitute is a short one. It involves on the part of the girl a recognition of the fact that by commercializing her immoral conduct, which previously she had followed for pleasure and excitement, money can be earned.

A variety of outside considerations may influence such unhappy careers, but almost from the beginning of such a career, as is summarized above, intoxicating drink is an important factor. It loosens the bands of restraint, and over and over again permits the passions to expend themselves in the most dangerous ways. Meanwhile a desire for alcohol grows up. Acts first committed under its influence are, after a while, committed for the sake of drink itself, and the victim becomes accustomed to relationships against which formerly horror would be felt. Desire for drink has long been recognized as playing an important part in the drift toward prostitution. "It will be conceded," says Sanger, "that the habit of intoxication in woman, if not an indication of the existence of actual depravity or vice, is a sure precursor of it, for drunkenness and debauchery are inseparable companions, one almost invariably following the other." Parent-Duchalet, speaking of the prostitutes, says "They insensibly accustom themselves (to the liquor habit) until the practice becomes so strong as to preclude all chance of returning to a better state, and finishes by plunging them into the lowest state of brutality."

But even in the cases of girls who have had such experiences, the actual causes lie deeper. First, it must be considered that many drift into prostitution and drunkenness partly because of mental defect. In a careful study of one hundred chronic alcoholics, Dr. V. V. Anderson found feeble-mindedness in 37, epilepsy in 7, and insanity in 7. Of the remaining 49, 17 showed evidence of alcoholic deterioration, and 32 evidenced psychopathic constitution. Dr. William Healy remarks, that "Many of the troublesome drinkers who cost society dear are primarily inferiors, and alcohol just turns the balance against maintaining themselves as non-criminalistic citizens." Professor Olaf Kinberg makes the following significant statement: "Criminal chronic alcoholics are, in great proportion, originally inferior individuals who are attracted to alcohol as the moths are to the flame." When such inferior individuals, hastened by the use of alcohol, drift into a life of prostitution, it can not, without error, be said

that alcohol is the cause of such degeneracy. The fundamental cause, in so far as any single one may be advanced, is the mental defect which makes impossible the normal control of conduct, or which gives a predisposition toward dangerous habits. Here again, alcohol is the instrument; it facilitates and prepares the way to sexual irregularity.

Furthermore, very many girls of the type under discussion come from communities where moral standards are low, or where immorality is daily before the eyes of mere children. Facts are available, indicating that a large number of prostitutes have come from families in which the father or mother, or both, used alcoholic liquors habitually. Studies of delinquent girls in New York and other cities have brought to light the fact that ideals of chastity are practically non-existent among some groups, their experience having been, from earliest childhood, such as to rob them of the most common elements of self-respect and modesty. Many such girls have become accustomed to drink at an early age. Many have so often seen their parents and friends in a state of intoxication that there is no longer, if there ever were, any revulsion at the spectacle of drunkenness. For many such girls the step from casual immorality to which they have almost unconsciously, in many cases, accustomed themselves, to commercialized immorality, is but a short one.

The alcoholism of such families is rather a symptom than the disease itself. It may be a symptom of physical or mental inferiority, of industrial defeat, of any one or all of numerous difficulties. Notwithstanding the fact that we can scarcely refer to alcoholic drink as a fundamental cause of family demoralization, it is to such a degree associated with poverty and disease that one aggravates and complicates the other. Alcohol blocks the path of the family toward health and prosperity, and clears the way to greater depths of disease and poverty; and they in turn invite more confirmed alcoholism. From the grip of such an environment the girl has but little chance to escape and many are plunged into the life of prostitution.

The business of prostitution invariably has identified itself with vicious drinking resorts. The numerous saloons that permit women to solicit men who in many cases come primarily for drink; the cafés that are equipped with pandering waiters and prostitutes for the asking; the public dance hall where liquor is sold and where prostitutes and pimps solicit;³ these resorts, with variations, are the common agencies of prostitution. They drum constantly for business. They draw in the willing and the unsophisticated. They stimulate the demand and augment the supply. Often they mark a borderland between decency and degeneracy through which young men and girls go on their way to the house of prostitution. Much of the strength of commercialized prostitution lies in its partnership with the commercialized liquor traffic carried on in such questionable places. The combination of drink, panders, and prostitutes is sufficient to cause the moral collapse of a very large number of young men and women who are, at first innocently enough, seeking recreation and pleasure. Drunkenness and prostitution stand in the relation of aid and abettor to each other. Both profit enormously. It is this vicious partnership of degenerative influences that gives alcohol its most damaging power, so far as sex morals are concerned. It is because of the surroundings and the conditions under which liquor is sold, as well as because of the loss of con-

³ During the period between November 13, 1910 and March 9, 1911, the Juvenile Protective Association of Chicago visited 328 dance halls in Chicago and reported on conditions attending 278 dances. The following is a summary of the results of this investigation, in part: "It shows that the public dance halls of Chicago are largely controlled by the saloon and vice interests. The recreation of thousands of young people has been commercialized, and as a result hundreds of young girls are annually started on the road to ruin, for the saloon keepers and dance hall owners have only one end in view, and that is profit."

"The conditions existing in the dance halls and in the adjoining saloons transform naturally the innocent desire for dancing and for social enjoyment into drunkenness, vice, and debauchery. Saloon keepers and prostitutes are in many cases the only chaperons, and, in a majority of the places, even the young girls and boys fresh from school are filled with alcohol and with the suggestion of vice until dances cease to be recreation and become flagrant immorality."—*Our Most Popular Recreation Controlled by the Liquor Interests*. Pamphlet published by Juvenile Protective Association, Chicago, 1911.

trol which intoxication entails, that liquor frequently makes the road to prostitution straight.⁴

There is no place where the relation, already discussed, between alcohol and sexual license is so skillfully used as in the house of prostitution. Here alcohol is used in four distinct ways. First, to attract a clientele; many men drop into disorderly houses for a drink and to see the sights, and not with the pre-determination to patronize the house further. Second, as a means of incitement; with men under the influence of liquor the prostitute is likely to accomplish the purposes of her solicitation. Third, as a stimulant to the women; without drink the prostitute would be stupid and spiritless. When partially intoxicated she becomes more or less vivacious and lively. Fourth, and most important, as a source of profit to the madam. This phase of the subject has been treated in a paper by Mr. George J. Kneeland in an earlier number of *SOCIAL HYGIENE* in which he shows that madams make very large profits from the sale of liquor in houses of prostitution. He says: "One of the madams declared that her average profit from the sale of beer each month was from \$1200 to \$1500. . . . A madam of a \$1 house said she and her partner (a man) made \$2000 per month from the sale of beer at 50 cents per bottle, and 'champagne' at \$3. . . . In nearly all of these houses, the madams gave the inmates a certain commission on the drinks they induced men to buy. . . . One madam said her inmates each earned from \$35 to \$40 per week from such commissions. This particular city maintained three

⁴ "During the period of its investigation the Commission has secured definite information regarding 445 saloons in different parts of the city. The investigators have counted 929 unescorted women in these saloons, who by their actions and conversation were believed to be prostitutes. In fact, they were solicited by more than 236 women in 236 different saloons, all of whom, with the exception of 98, solicited for rooms, 'hotels,' and houses of prostitution over the saloons." *The Social Evil in Chicago*, 1911, pp. 34-35. "A very large constituent in what has been called the irresistible demand of natural instinct is nothing but suggestion and stimulation associated with alcohol, late hours, and sensuous amusements, and deliberately worked up for the profit of third parties—pimps, tavern-keepers, bordel-proprietors, etc."—Abraham Flexner, *Prostitution in Europe*, p. 45.

segregated districts. The total number of houses was 216, with approximately 1871 inmates. Assuming that the annual profit from the sale of liquor in each one of these houses was \$5000, and that each inmate earned \$10 per week on commissions, the total profit from beer and champagne would be \$2,052,920 in the 216 houses. To what extent this amount of alcohol stimulated immorality can never be computed. How much venereal disease followed in its wake will never be known."

Drunkenness is almost universal among confirmed prostitutes, and drinking is quite as general among the frequenters of disorderly houses. "Not 1 per cent.," Dr. Sanger states, "of the prostitutes in New York practice their calling without partaking of intoxicating drink," and the first solicitation in a house of prostitution is to buy the drinks. When liquor is taken away, the inmates are dull, irritable, disinclined to service, difficult to manage, and even less attractive than when under the influence of alcohol. Drink is the life, the *raison d'être* of the prostitute.

The effect of closing out liquor from houses of prostitution has been carefully noted in various cities. As an adjunct to the business, it is so important, both as a source of income and as a stimulant to the business of prostitution itself, that when liquor is excluded from houses of prostitution, the business decreases about one-half. The Chief of Police of Cincinnati stated in a personal conference with the writer that the removal of liquor from the houses of prostitution in Cincinnati was followed by the closing of half of the houses. Those remaining are having great difficulty, due to the decrease of their business. A madam testified before the Wisconsin Vice Commission in 1914 that when liquor was closed out of her house in Superior, her custom decreased 50 per cent. Other cases confirm these statements.

The expenses for rent, hush money, runners, and the personal extravagances of the inmates, are so great that when alcohol, the ally of prostitution, is removed, the business of many madams must come to an end, and in a large number of cases, madams have been obliged to give up their holdings in a city having rigid enforcement of the law regarding the sale of liquor in houses of prostitution, and have moved to less exacting communities.

In cities that have long been dry, commercialized vice is at a minimum. Topeka, Oklahoma City, and Grand Forks, are as regards prostitution, among the cleanest cities in the United States. It may be true that the public opinion which will not tolerate the licensed saloon is far less patient with the openly exploited house of prostitution, regardless of the relation of liquor to vice, but the originally good public opinion is preserved and strengthened by the development of a citizenry which has not been hampered by vice and drunkenness. A few years ago, Devil's Lake, North Dakota, was reputed to be the worst town in the state. It was overrun with vice and crime. Then the prohibition law was enforced. At a recent meeting of the North Dakota Sunday school convention, twenty-five preachers were lodged in the county jail at Devil's Lake, hotel accommodations in the town being scarce, and the jail being entirely without inmates. The dives and houses of ill-fame are gone. Other North Dakota cities have had a similar experience. President F. L. McVey of the University of North Dakota says that since the sale of liquor has been stopped in Grand Forks, the problem of immorality among the students has become much simpler. In Oklahoma City and Topeka conditions are the antithesis of those in many wet cities of the same size. Though it can not be surely claimed that prohibition is the sole factor, it is unquestionably important. The observable differences in the morals of wet and dry towns are impressive.

In view of these considerations, bearing upon the intimate relationship between alcohol and prostitution, the person who hopes to see the morality and health of the community in which he lives advanced, must desire the partnership of drink and vice to be broken. Many cities have tried to accomplish this by issuing police orders, forbidding solicitation in drinking resorts and dance halls⁵ and forbidding liquor to be sold or distributed in houses of prostitution. But the separation of the liquor traffic from prostitution involves extremely difficult police problems. It would be necessary to distinguish between the disorderly and

⁵ Practically every Vice Commission has recommended the prohibition of soliciting in cafés, saloons, dance halls, etc.

the law abiding saloon, café, dance hall, wine room, or cabaret. It would involve careful supervision of borderland resorts, which fluctuate between decency and disorder from week to week and from day to day.

On the other hand, though liquor were abolished from all houses of prostitution, some would still be able to continue their business. This has been proved to be the case in several cities, for example, in Cincinnati, where, according to the statement of the Chief of Police, liquor is not sold or distributed in houses of prostitution and yet houses exist under regulation. To issue an order forbidding the sale or distribution of alcoholic beverages in houses of prostitution is tacitly to recognize and attempt to regulate an evil forbidden by law and inimical to health and morals. This is a form of regulation, a policy which is now generally in disfavor in America, and which has been abolished as a method of dealing with vice in nearly all our cities.

Meanwhile, even supposing the successful separation of liquor and commercialized vice, the other disastrous accomplices of liquor remain. Alcohol has other partners than prostitution. They are poverty, crime, and disease.⁶ To exclude drink from houses of ill-fame and disorderly resorts would be an improvement, but the economic, health, and criminal problems associated with alcohol, partly as cause, partly as effect, would not be simplified.

Is not the simpler method one which has no compromises, no complicated distinctions, but which is in line with the policy of vigorous, consistent, continuous vice repression—the complete abolition of the liquor traffic? The gains which are to be had by putting a stop to soliciting where drink is dispensed, and by excluding liquor from all classes of disorderly resorts would be ours, and in addition thereto, the simplification of problems of crime and poverty, and the substantial improvement of the public health.

⁶ Rosenthal states that 73.3 per cent. of crimes against morals are enacted while the perpetrator is under the influence of alcohol.

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SOCIAL HYGIENE ACTIVITIES OF THE MAINE MEDICAL ASSOCIATION

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The Committee of the Maine Medical Association on Venereal Diseases and their Prevention was appointed June 28, 1910, at the annual meeting in Bar Harbor, for the purpose of investigating and formulating a plan for the prevention of venereal disease in Maine.

In its first year, the committee worked along three lines: (1) Collection of statistics regarding the frequency and disastrous effects of these diseases. (2) Investigation of what has been done along these lines abroad and in this country. (3) Consideration of various plans for the prevention of venereal disease. At the meeting in 1911 the committee reported to the Association as follows—

As a result of a study of statistics, your committee is convinced that there is good reason for believing—

That venereal disease destroys more lives than does tuberculosis.

That venereal disease is more prevalent than all other severe contagious diseases combined.

That, taking into consideration the sterility, the wrecked homes, and the ruined lives caused by venereal disease, it is one of the worst evils in the world today.

As regards what has been accomplished, your committee believes that the greatest advance has been along the lines of awakening the world to a higher ideal of sexual morality. Education has been the most potent force thus far. The licensing of houses of prostitution does not seem to work out well.

The committee suggested in its report that the Association recommend to the State Board of Health the sending out of circulars of information on sex hygiene to school superintendents with the request that such circulars be distributed among teachers and also among pupils when deemed advisable; and that syphilis, gonorrhea, and chancre be added to the list of diseases which

physicians are required to report to the State Board of Health, provided that these diseases be reported by number and not by name. The committee also recommended the appointment of a committee of the Association to coöperate with the State Board of Health in carrying on a campaign of education of the public as regards the importance of the prevention of venereal disease.

This first report of the committee was approved by the Association and the committee was continued to carry out its recommendations as far as possible.

The report of the committee and the action of the Association were immediately brought to the attention of the members of the State Board of Health. These officers expressed themselves as being in sympathy with the work, but pointed out that the State Board of Health had no funds available for the purposes recommended and consequently could not coöperate actively with the committee.

At a special joint session of the committee with the State Board of Health in 1912, resolutions were passed by the Board approving the dissemination of information upon the dangers of venereal infection; expressing the readiness of the Board to coöperate with the committee in the protection of the community and the education of children; and stating as the sentiment of the Board that syphilis, gonorrhea, and chancroid should properly be included in the list of infective diseases made reportable by law, provided such diseases be reported by number and not by name.

In the campaign of education of the public undertaken by the committee, the plan advocated by Dr. Marshall H. Bailey, Medical Director of Harvard University, seemed best to meet the needs of the work in Maine and was chosen. By this plan educational pamphlets dealing with sex hygiene are sent to parents with personal letters asking the parents to read the pamphlets carefully and if they find nothing objectionable in them, to give them to their children to read, or to read such extracts from them to their children as their own judgment dictates. Parents are further requested, in case they do not agree

with the views expressed, to help the committee by writing frankly their criticisms to the chairman. After the consideration of a number of educational pamphlets, the committee selected the sex hygiene pamphlet *The Boy's Venereal Peril*, issued by the Council on Health and Public Instruction of the American Medical Association, for distribution to parents of boys. Not so much has yet been done with pamphlets for girls, but a few copies of Dr. Winfield S. Hall's pamphlets, also issued by the American Medical Association, have been used. Nearly two thousand individual letters have been written to parents and forty-five hundred educational pamphlets distributed under this plan.

It is a point of gratification to the committee that while many other methods of teaching sex hygiene have been severely criticized, the plan of teaching the importance of prevention through parents has not been attacked.

Since 1911, the committee has been continued each year with but three changes in membership. The reports of the committee, issued annually, have been widely distributed. Individual letters explaining the work have been written to many teachers, superintendents of schools, physicians, clergymen, lawyers, business men, and others interested in the welfare of the youth of Maine. These have included the members of the Maine Medical Association, three hundred clergymen of the state, and the members of the faculties of the four Maine colleges. The general interest shown in the work and the numerous letters of endorsement received have been very encouraging. It has been mainly through the coöperation of the state superintendent of public schools, the local superintendents, and clergymen that the names of parents to whom educational pamphlets are sent have been secured. The combined number of letters, reports, and educational pamphlets sent out since the committee began its work is in excess of eighteen thousand.

In order to become familiar with the work for the control of venereal diseases in other parts of the country and to be able to work to best advantage, the committee has twice sent questionnaires to the boards of health of all of the states of the

country. In 1912, an opinion was asked in regard to the advisability of required reporting of venereal diseases to the state boards of health. At that time only two states, California and Utah, had such laws. A majority of all the replies received were in favor of making venereal diseases reportable, provided that they be reported by number. During the past year, the committee has made a rather extensive study of the work for the prevention of venereal disease in all of the states and territories and in a number of cities. The statistics gathered indicate that the dangers of venereal infection and the importance of the prevention of venereal disease is being recognized more and more in all parts of the country. The number of states taking active measures for the control of these diseases by education, required reports, free laboratory diagnosis, and segregation of persons suffering from venereal disease, is increasing every year. Twelve states and one territory now have laws or regulations which require the reporting of venereal diseases to the state boards of health and twenty-seven states and two territories provide free laboratory diagnosis of venereal diseases in some form. The health officers of a number of cities where the licensing and segregation of prostitutes have been attempted bear out the opinion of the committee expressed in its first report that such efforts do not accomplish the desired results.

The committee also collected statistics of expenditures by certain states in fighting tuberculosis and venereal diseases and found that in fifteen states in which statistics were available, \$5,849,000 was spent in the prevention of tuberculosis; \$11,000 in the prevention of venereal diseases.

Funds for the work have been contributed by the Maine Medical Association and by individuals, a number of the amounts having come unsolicited from outside of Maine. The first five hundred dollars was secured without direct solicitation by a statement of conditions and the work the committee hoped to do. In the six years since the committee was appointed to June 7, 1916, there was received in individual subscriptions to aid the work \$1263; from the Maine Medical Association \$150; and in interest on bank deposits \$34.99. In addition, the chair-

man last year received in trust twelve shares of stock, the income from which at the present time is \$72 a year. In accordance with the wish of the donor, this stock is ultimately to be turned over to the Maine Medical Association to establish a fund, to be known as the Prince A. Morrow Memorial Fund, the annual income to be used for the promotion of social hygiene work in Maine along ethical and scientific lines. Since the last report was presented in June, subscriptions in aid of the work have been received to the amount of \$179. The committee is registered and licensed to secure funds for its work by the State Board of Charities and Correction.

The committee is working this year along the lines set forth in its reports of 1915 and 1916 as offering the most at the present time in this state, as follows:—

1. Assisting in awakening the people of Maine to the dangers of venereal disease.
2. Assisting in some degree in establishing higher ideals of sexual morality.
3. Arousing parents to a sense of responsibility in regard to the sexual morals of their children.
4. Calling the attention of parents to the need of developing in their children a feeling of responsibility in regard to the health and welfare of their future families.
5. Assisting in awakening public opinion to support officers of sanitation in applying modern hygienic methods to the control of venereal disease.

The committee is considering the advisability of asking of the next legislature of Maine the passage of bills to provide for free Wassermann reactions to be done in the State Laboratory of Hygiene; the required reporting of venereal diseases by number to the State Board of Health; and the segregation of persons suffering from syphilis in a communicable form.

Correspondence and exchange of literature with societies and committees of similar scope will be cheerfully undertaken. The membership of the committee for the present year is F. N. Whittier, M.D., Chairman, Brunswick; A. L. Stanwood, M.D., Rumford; R. A. Holland, M.D., Calais; W. F. Hart, M.D., Camden.

THE MUNICIPALITY AND VENEREAL DISEASE¹

The hospitals must not only change their present attitude toward venereal diseases, but if they are to be modern hospitals, they must provide the very best men and the very best means for the diagnosis and treatment of patients suffering with venereal diseases, irrespective of the facts as to whether these people are innocent or guilty under the social law. Such patients are a menace to the public health, and it is folly to talk about isolating whooping cough and scarlet fever when we permit gonorrhea and syphilis to run at large. In every case, private or public, sources of infection must be carefully traced, and, where necessary, free diagnosis and treatment furnished by the city. If the patient is unwilling to accept such treatment, arrest and confinement to the hospital must follow. Visiting and follow-up work must be instituted, and frequent or occasional visits made after patients have been discharged in order that carriers of infection may be prevented.

This problem of venereal disease in the municipality is both a medical and social problem, having vast possibilities for harm, not only in the transmission of infection to others, but in the late remote consequences of these infections, such as circulatory changes and disorders of the nervous system, which may take place as a result of these infections. This problem is not to be solved until the care and treatment of genito-urinary diseases cease to be a matter for jest and until the services of medical workers become both medical and social and are firmly, more intelligently, and thoughtfully brought to bear upon the conquest of the problem. Then, and not until then, when the sexual appetites of men are brought under the restraint of education and training, when the feeble-minded are segregated, when alcoholism, the drug habit, and the patent medicine habit become no more, will the venereal disease problem be in process of conquest; for then, they who lust after irregular sexual pleasures will be bound, to make us free.

¹ *The Municipality and the Venereal Disease Problem.* By George W. Goler, M.D. SOCIAL HYGIENE, Vol. II, No. 1, Jan. 1916.

THE TREATMENT OF VENEREAL DISEASES IN GENERAL HOSPITALS OF NEW YORK STATE OUTSIDE OF NEW YORK CITY

JOSEPH J. WEBER

Executive Secretary of the Committee on Hospitals, New York State Charities Aid Association

Scientific progress in recent years has had a two-fold influence on the problem of venereal diseases. It has caused the problem to assume vastly greater importance than was formerly realized, and it has produced extraordinarily efficient means of identification and treatment. In the light of the new significance given these diseases and the more efficient means of diagnosis and treatment now available, what part are general hospitals playing in combating them?

The Committee on Mental Hygiene of the New York State Charities Aid Association was especially interested in securing this information, as far as the general hospitals in the state are concerned, particularly with regard to syphilis, as this is the most frequent cause of insanity among the patients admitted to the state hospitals for the insane. The Committee on Hospitals of the State Charities Aid Association, therefore, undertook a study of the present facilities for the treatment of these diseases, as a basis of a proposed program looking to their improvement. A letter and questionnaire were carefully prepared, with the assistance of Dr. W. F. Snow, General Secretary of the American Social Hygiene Association, and Dr. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene, and sent to 107 general hospitals throughout New York State. Of these, 42 filled out the questionnaire more or less fully.

The first question was: "*Are cases, diagnosed as syphilis before or on admission to the hospital and found to be in need of medical treatment in a hospital, admitted and treated as such on your wards?*"

All of the 42 hospitals answered this question; 19 hospitals replied that they take free patients of both sexes; 21 admit male pay patients; 22 admit female pay patients; 1 of the hospitals requires special permission from its executive board as a condition for admission. While two hospitals do not admit patients of this type to their wards, they do treat them in private rooms. One hospital admitting syphilitic patients does so only for salvarsan treatment.

"If patients," ran the second question, *"are admitted with other diseases but later show evidences of syphilis needing treatment, is treatment given for syphilis on your wards?"* Forty-one hospitals answered this question; 35 give treatment to free patients of both sexes; 37 to pay patients of both sexes; 1 hospital which does not give treatment on its wards does, however, give it in private rooms.

The presence of syphilis as a known complication of other conditions justifying medical treatment would prevent free patients of both sexes from being admitted to 13 hospitals, and pay patients from 15 hospitals. Twenty-five hospitals said that syphilis as a known complication would not debar pay patients of either sex from their wards. While the presence of syphilis would prevent patients from being admitted to the wards of one hospital, this hospital does, however, admit such cases in emergencies. Another hospital, while not admitting cases of this type to its wards, does treat them in private rooms.

Nineteen hospitals admit to their wards both free and pay surgical and medical male cases needing hospital treatment for gonorrheal infection, while 20 admit female pay patients. The permission of its executive board is a condition of admission in one of the hospitals.

"Would the presence of gonorrheal infection as a known complication of other conditions justifying medical treatment prevent the patient from being admitted to your wards?" was another question. Eleven hospitals responded "Yes" in the case of free patients of both sexes; 13 responded "Yes" in the case of pay patients of both sexes; 3 hospitals ignored the question.

Twenty hospitals treat both free and pay children for gonorrheal vulvo-vaginitis. Among these is one which admits if the disease is complicated with other conditions, while another requires special permission from its executive board. Two hospitals stated they had had no applications for the admission of this type of case.

Of the 20 hospitals which stated that they do not admit to their wards children with gonorrheal vulvo-vaginitis, 4 dispose of these cases by referring them to other hospitals; 7 by referring them to private physicians for treatment at home; 1 by referring them to the board of health; and 1 by referring them to the district nurse; 1 of the hospitals evidently takes care of these cases in its isolation ward.

Twenty hospitals approve the plan of receiving syphilitic and gonorrheal patients in special available wards where their general wards are not open. Two do not approve this plan. Nineteen hospitals refrained from expressing themselves either way.

Of the hospitals which do not admit cases of syphilis and gonorrhea, 9 refer such cases to dispensaries or other hospitals, 8 to private physicians, and 1 to the board of health; 5 hospitals stated specifically that they do not refer these cases to other agencies; 19 ignored the question.

Twenty-one of the hospitals answered the question: "*If cases of gonorrhea and syphilis are treated in your hospital, are they, when discharged, referred to your social service department, or, in the absence of such a department, to some other department or to an individual, to see that treatment is continued?*" Three hospitals refer patients, upon discharge, to their own social service department; 1 to the health officer; 1 to another hospital; 12 to a physician; 3 to a physician or dispensary; and 1 to a visiting nurse. Apparently only 4 out of the 42 hospitals that replied to the questionnaire take any steps through their social service or other departments to see that the treatment prescribed is continued; 2 by sending a social service worker or nurse to the home of the patient; 1 by having the patient visit the dispensary; and 1 by placing the case under the supervision of the district nurse in the community.

Seventeen hospitals give syphilitic and gonorrheal patients literature as to how to avoid spreading infection; 12 hospitals stated that they do not give any literature or instructions; 13 ignored the question.

The question relating to laboratory equipment brought out these points:—

Eight out of 38 hospitals are equipped for Wassermann test and complement fixation test; 9 are equipped for dark field illumination work. Of the hospitals, however, not equipped with laboratories, 11 have the use of, or send specimens to, other laboratories.

Returning to the matter of hospital records, 16 hospitals reported a total of 228 cases of syphilis cared for last year. It is impossible to present a classification of these cases into male and female free and pay patients, as several of the hospitals reported total figures only. Ten stated they had not cared for any cases; 16 omitted an answer to the question, one because its venereal disease department was not yet one year old.

Twelve hospitals reported a total of 182 cases of gonorrheal infection cared for last year. Here again, it is impossible to present a classification of these cases into male and female free and pay patients, as several hospitals reported total figures only. Eleven stated that they had had no cases; 19 ignored the question.

Only 9 hospitals stated that they furnish salvarsan or equivalent treatment free. In 4 instances the county or city furnishes it free for its own cases.

Before a syphilitic patient is discharged, 5 hospitals require healed contagious lesion; 2 insist only on the disappearance of symptoms, while only 1 requires negative Wassermann tests. Eight stated that they have no specific regulations covering the discharge of syphilitic patients, and 7 that they leave the matter to the physician. Before a gonorrheal patient is discharged, 1 hospital requires a negative prostatic massage, 1 a negative complement fixation test sometimes, and 3 a negative cervical smear. Fourteen stated they have no specific regulations regard-

ing the discharge of gonorrheal patients, and 3 that they leave the matter to the physician.

On the whole the answers indicate that the facilities at the command of the 42 hospitals that returned the questionnaire are inadequate and ineffective. Is it not safe to assume, moreover, that the facilities of a large number of the 65 hospitals that refrained from filling out the questionnaire are also inadequate and ineffective?

The hospitals, generally speaking (though, of course, there are exceptions), fail in these respects:—

- a. They apparently do not appreciate the significance of the venereal disease problem.
- b. Many of them provide no facilities.
- c. The treatment which is prescribed is not thorough-going and as effective as it might be.
- d. Follow-up work is neglected.
- e. Records are inadequate.

In support of these criticisms, the following points stand out clearly:—

Only 19 out of 42 hospitals take free syphilitic patients of both sexes; only 21 or 22 take pay patients.

Only 4 out of 42 hospitals take any steps through their social service or other departments to see that treatment and follow-up service are continued after the patient leaves the hospital.

Only 17 hospitals give literature and instructions to patients regarding the danger of contagion.

Only 8 are equipped for Wassermann tests.

Only 16 reported on the number of patients treated for syphilis last year. The volume of their work was small—a total of 228 cases.

Only 9 hospitals furnish salvarsan treatment free, though this is the generally recognized specific.

Only one hospital requires a negative Wassermann as a condition of discharging a patient.

Is it not evident, in view of these facts, that a systematic effort should be undertaken to secure, so far as feasible, a more

extensive and a more thorough-going treatment of these diseases by general hospitals, especially in instances and localities where dispensaries do not or can not meet the needs?

THE VENEREAL PERIL¹

ISAAC W. BREWER, M.D.

*First Lieutenant Medical Reserve Corps, U. S. A.; Sanitary Supervisor New York
State Department of Health*

You men who have been called to the Mexican border are to be congratulated for having the opportunity to be so closely associated with so large a body of young men. The lessons in good citizenship which you are learning here are invaluable to you. You are however confronted by many problems; some are entirely new and others are old ones clothed in a new significance.

One of the greatest problems before you at this time is the "venereal peril." It is a real live peril and upon the way you meet it depends your future health and happiness and probably the health and happiness of your wives and children.

* * * * *

The venereal diseases are seldom contracted except from a prostitute. You will often hear that the women in a certain house are very particular, that they are regularly inspected by a physician, and that there is no danger from having intercourse with them. My friends, there is nothing in inspection. These women are out for the money and are not fools and they regularly fool the doctors.

Official regulation and inspection of prostitutes has been practised in certain European cities and it is a strange coincidence

¹ Address delivered to the troops of the 13th Provisional Division, United States Army, at Llano Grande, Texas, during August, 1916. The portions of Lieutenant Brewer's address which described the venereal diseases, their results, and treatment, are omitted, as readers of SOCIAL HYGIENE are familiar with such facts. The address is of especial interest in showing the new viewpoint which many army and navy officers are now emphasizing and the kind of appeal which has been found effective with men under such conditions as are found among the troops along the Mexican border. It is significant that the same appeal has been found most influential among the British troops in training camps and assembled for service along the European battle lines.

that it is to those same cities that the doctors who wish to make a specialty of venereal disease go to study. If the regulations were effective, the diseases would have disappeared from such cities.

I knew a boy of eighteen, who was assigned to a company that was doing guard duty in the Sampoloc District of Manila, the red light district. The older men in the company teased him and said he would not be a man until he had intercourse with a woman. One day just after dinner he went to a Japanese house of prostitution. The woman had been inspected that day and showed her certificate; however, he became infected and finally came to the hospital where he was operated upon and was very sick for several months, finally being sent home broken in health with a disease contracted "not in the line of duty." Inspection did him no good.

I was once on a transport that moved some troops from one port in the Moro provinces to another. At the port of embarkation the prostitutes were all inspected and certified. However 10 per cent. of the men were transferred as having venereal disease and about as many more were found to be infected. These men told me that their disease was contracted from women who were inspected and certified. Do not be deceived; inspection is no guarantee that the woman is free from disease.

There are persons who will tell you that a man must exercise his sexual organs or he will lose his manhood. There is no more pernicious teaching. These organs do not need exercise, in fact a man is able to refrain from using them for years without suffering in the slightest. It is true that the sexual passion is the strongest of the animal passions, but, it is also true that one of the greatest differences between the human being and other animals, is that the human being has his passions under control and the animal does not. He whose passions are uncontrolled approaches the state of one of the lower animals.

I have told you about some of the results of venereal diseases, not with the idea of scaring you into avoiding them but that you may know the risks you run and the far reaching after effects and be able intelligently to shape your own course in this

respect. However, I want to try and help you avoid as far as possible the pain, sorrow, and degradation that come from consorting with prostitutes.

The easiest way to get out of trouble is to keep away from trouble. If you avoid the house of prostitution you will avoid temptation. This camp (Llano Grande, Texas) is ideally situated for avoiding prostitutes. There are none nearer than Donna, seven miles off, and a man must be very anxious to get into trouble if he will walk fourteen miles to find it, or if he will expend one-fifteenth of his pay to get where trouble is. My friends, stay away from the red light districts and you will keep out of trouble.

If, however, your comrades (I do not call them friends), should persuade you to go out to see the sights, let me ask you to pause before you enter a house of prostitution, and, for just one moment frame up in the doorway the face of your mother, your sister, or the girl you love, and see if you are willing for her to see you enter that house. If you are not, you are losing your self-respect. Now there are two things a man must have if he expects to amount to anything in this world: health and self-respect. You cannot smirch the clear mirror of your self-respect for months and years and have it still retain its luster.

If your strength of will is not sufficient to protect you and you have intercourse with a prostitute, you still have a slight measure of protection through the use of the venereal prophylactic that can be had at each infirmary in the camp. It is not absolutely certain for there are a few men who contract the disease even though the prophylactic be used. This is recognized by the War Department, for if a man has used the prophylactic and later develops the disease he will not be punished. If you have failed in self control, do not delay. Get back to the camp at once and take the treatment immediately. This may keep you from disease but it will not restore your self-respect.

You are young men and the road of life looks bright to you and I hope each one of you will prosper in the work you undertake. There will come a time in your life when you will want a home. A marble palace does not make a home; a house

furnished with rare and beautiful things is not a home; a dinner of the most expensive foods served on golden dishes will not make a home for you. It takes a woman to make a home. Without her there can be no home, and whenever the right woman comes she will make a home no matter how humble the building may be or how poorly it is furnished.

Somewhere in this land there is a woman who will make a home for you. She is keeping herself clean and pure until the day she gives herself to you. She will bring to your home 100 per cent. of health, purity, and virtue. What will be your contribution? Only "damaged goods?" Damaged beyond repair in some house of prostitution?

I hope every one of you will have a real home and that you will contribute to that home 100 per cent. of purity, honor, and good health.

A GOOD EDITORIAL AND AN INTERESTING LETTER

The editorial from the Houston, Texas, *Chronicle* for October 21, 1916, and an open letter addressed to the Mayor of Houston by Principal Wesley Peacock of the Peacock Military Academy, San Antonio, are presented to readers of SOCIAL HYGIENE as illustrations of the change in public sentiment which is already widely extended over the United States. Many of the cities in the South seem to have been slower to attack the problems of commercialized prostitution than those of the North, but these documents are indications that when the repression of prostitution has once been undertaken in the South, it may be followed up more vigorously than has been the case in some of our northern cities.

ELIMINATE THE VICE DISTRICT

The Houston, Texas, Chronicle, October 16, 1916

It is with reluctance that *The Chronicle* is forced to the conclusion that segregation is an unwise and impractical method by which to handle the social evil.

For many years we have tried to believe that restriction, limitation and regulation were the best means by which to overcome this defect in our community life.

Possibly this view is correct with regard to a city just emerging from pioneer times, and in which society has yet acquired little definiteness of character. But for a community which aspires to leadership of a great section, and which wishes to be looked upon as an example to be emulated, it is impossible.

Cities, we suppose, must expect to assume moral as well as economic obligations. Their preponderating influence in educational and financial affairs makes it incumbent upon them to do more for the moral elevation of society, for the suppression of crime, for the checkmating of vice, than smaller centers.

The fact that congestion afflicts them with much of the driftwood and refuse makes such a course, not only more difficult, but also more imperative.

If society can not look to the city for its most substantial leadership in the never-ending conflict with criminality and viciousness, the general outlook is gloomy indeed, for it is in the city that these dangerous elements find their strongest foothold.

No one expects that abandonment of the segregated district would eliminate the social evil.

Indeed, no one who has given the subject serious thought expects that the application of human remedies will eliminate any evil.

So far as can be determined mankind is subject to the same degenerate instincts and guilty of the same faults as in the beginning.

The struggle against these instincts and these faults is apparently unending, its hopeful aspect lying in the belief that we do lessen their scope, influence and destructiveness as the years drift slowly by.

In this struggle society has availed itself of two processes—first, regulated tolerance; second, an uncompromising idealism as expressed in prohibitive law.

At one time or another about every crime and vice has been dealt with by the former method.

Even murder has been licensed under certain conditions, and many an ancient town had a particular place in which duelling was permitted.

It would seem that society has been obliged to depend on regulated tolerance until such time as sentiment was sufficiently crystallized against any particular crime or vice to express itself in prohibitive law.

With respect to the social evil it would seem justifiable to assert that society, in the United States at least, has reached a conviction that prohibitive law, not regulated tolerance, is desirable.

This is indicated by the fact that practically every state in the country has enacted prohibitive statutes, and that most segregated districts are illegally maintained.

The Chronicle would not go so far as to contend that abolition of the segregated district would result in an immediate diminution

of the social evil in Houston, but it would remove that power of concentration and coöperative effort which the evil now enjoys, and would in this way give better prospects of its gradual suppression.

We are too familiar with what concentration and coöperation have done in business, in education and in politics, not to understand the tremendous potentiality they develop with respect to vice.

The grouping together of a hundred or so disorderly houses, with their numerous inmates and hangers-on, can not help developing a power which similar numbers could not exercise were they scattered about and out of touch with each other.

A segregated district enables the keepers of houses to act in concert, not only in recruiting the constantly depleted ranks of girls, but in bringing pressure to bear on men about whom one or another of them knows something of a compromising nature.

Moreover it is not apparent that the segregated district has stopped the establishment of disorderly places in other parts of the city, or in eliminating the use and sale of intoxicating liquors.

The fact that quite a few United States liquor licenses are held by proprietors in the district casts grave doubts on the police chief's assertion that no liquor is sold and consumed there.

It is our candid opinion that the people of Houston have been deceived not a little regarding the good accomplished by regulated vice, and have permitted themselves to be presumed upon by smooth and optimistic explanations.

The Chronicle hopes that the situation can be corrected without any quasi-religious spasm, or the holding forth of hired purity squads. At the same time it recognizes the fact that just such indifference as Houston is exhibiting toward a matter of this character and importance is largely accountable for much of the sensational evangelizing which seems to be popular in our cities now and then.

AN OPEN LETTER

SAN ANTONIO, TEXAS,
April, 1916.

Honorable Ben Campbell,
Mayor of Houston, Houston, Texas.

DEAR SIR:—

I have just returned to his home a sick young student who says he contracted a disease in your red-light district as he passed through Houston two weeks ago. This is not the first time I have sent home students from Houston infected with venereal diseases, as well as students from East Texas who had entered our school after having been exposed and infected in your protected district. The number of these young men dismissed from our school in recent years on account of venereal diseases, representatives of the best families of your city and East Texas, claiming to have been tempted and ruined by an institution officially recognized, advertised, and protected by your city and county authorities, may not be counted on the fingers of both hands.

I have a right to speak to you plainly both in censure and in sorrow. I respect you highly because of your honorable position, and because of the good you have done. By reputation I consider you the most popular mayor of Houston for many years, for my school boys from your city have told me so. They look upon you as a leader of old men and of young men, and they believe that your vice district is conducted in accordance with the laws of the city of Houston and the state of Texas, and moreover, they believe that your city ordinances require inmates of disorderly houses to be regularly inspected by physicians for the protection of boys and young men against venereal infection.

The Peacock school does not live in San Antonio, but in Texas. For the last twenty-five years I have lived in Houston as well as in San Antonio. I visit your city every year in the interest of my school, where I receive a large and valuable patronage, of the best and noblest boys in Texas. My information comes from these boys and young men, who know as much about your city as you and your police commissioner.

If for no higher interest, for the sake of these boys and young men, their sweethearts and their wives, whose health and happiness depend upon your administration, I have a right to appeal to you to do your duty in accordance with the law and your oath of office. Every boy of the age of sixteen in your city knows that in one hour you can close every disorderly house in your protected district, and that in one day you can destroy this district as an institution for political vice and graft. There is not a policeman or a detective in your commissioner's department who can not do the same thing under the law and under your authority. There is not a citizen of your city who can not do the same thing within a period of a month if he could find an attorney bold enough to file suits of injunction against the owners, lessees, and tenants of disorderly houses, provided he could find the money to pay the expenses of his salary and the cost of the court. The law is sufficient, even drastic, and injunctions are easily and quickly obtained before your district courts; but your best people are afraid, fearing both social and commercial ostracism.

Some of your ministers of the gospel hesitate to declare for law enforcement in this red-light district for fear of removal at the hands of their official boards. Some of your best citizens, some of them members of your churches, own property used for immoral purposes, for which they may be fined and imprisoned under the law.

If you retort that I should first clean up my own city, I reply that a few of us a year ago closed the entire red-light district of our city by the injunction process, and that in spite of the positive opposition of every city and county officer, without a single exception, and that afterwards our newly elected police commissioner enforced the law and abolished the district for a time, but he afterwards revoked his order, broke faith with the people, and allowed at least a part of the district to be reopened and reestablished under his protection and with his authority, all in defiance of the law, in defiance of the sentiment of moral and religious people of this city, but in compliance with expressed and repeated demands of the liquor interests, and the politicians.

This led to his resignation. Yet our work of cleaning up has only begun.

It is not a question of vice, but of law. It is not a question of expediency, but of duty.

I have let your red-light district alone, but it has not let me alone, it has not let my students and friends alone, and it has not let my business alone. It has caused me the loss of boys and business. This morning's paper asserts that 61 patients are undergoing treatment in the Pasteur Institute in Austin, because they had been bitten by dogs afflicted with hydrophobia. These 61 patients will not perpetuate the disease because of confinement and inoculation. Today in your city of Houston, according to the estimate of doctors and scientists, there are at least ten thousand men, women, boys, and girls afflicted with venereal diseases, many of whom will perpetuate the disease and infect many of both sexes with practically incurable diseases, causing untold sorrow and unhappiness for years to come.

The young man I have just dismissed from school says that this exposure to disease was his first sexual lapse, and his father and mother believe that he tells the truth. He says that last Christmas some of the cadets of the Agricultural and Mechanical College chartered three coaches for the home going, and spent a night in Houston, numbering two hundred fifty students, nearly all of whom spent the night in your protected vice district in drunkenness and debauchery, many of whom he saw taken to the train the next morning in an intoxicated condition. At that time he had refused to go with the crowd. Like nearly all men, he labored under the impression that your city ordinances provided for a regular and systematic inspection of the women. He also said that neither his father, his mother, nor anyone had ever instructed him in personal and moral cleanliness. He was ignorant, but the mayor, the police commissioner, and your officers of the law are not ignorant.

I contemplate sending my own son to your Rice Institute, and I should like to recommend the institute to the graduates of our school, but I cannot consistently do so because of the laxity of your laws and your officers. There is no education.

without character, and there is no character without morals. The moral status of Houston will never surpass that of its mayor and its police commissioner. The law does not impose upon you an obligation to suppress vice, or sin, but it does impose upon you an obligation to enforce the law whatever that may be, and to suppress legalized, commercialized, advertised and protected vice, which not only prostitutes your men and women, but your officers as well. To say that you can not enforce the law, is to admit your election and control by your lawless elements. The majority of your citizens are good, but they are afraid.

Assuring you that I write in the kindest spirit in the hope of doing good in the interest of the health, happiness and morals of the people of Houston and of Texas, and assuring you that if you do not suppress your district, the State Anti-Vice League, recently organized in Texas, will certainly do so in the next few years, and hoping for a reply to this letter in the same spirit in which it is written, I beg to remain

Very respectfully,

WESLEY PEACOCK.

BOOK REVIEWS

YOUR BOY AND HIS TRAINING. By Edwin Puller. New York: Appleton, 1916. 282 pp. \$1.50.

A large amount of literature has been written on the boy problem and each point of view as to the "cause and cure" is so radically different from the other that one feels the real problem is as far from being settled as the treatment of hay fever by the physician. That the average parent does not understand the boy is sadly too true. The biologist notes with interest the wonderful instinctiveness with which the animals, lower down in the scale, care for and rear their young; but in the human scale he finds a surprising lack of instinct in this direction. The mother must be taught how to care for her child, and even then, sooner or later, there arises a wide gap—an unbridgeable chasm—between the parent and child. Mr. Puller in his book *Your Boy and His Training* has furnished the much-needed explanation for this barrier. He has brought together the results of his wide experience of work among boys and presented them in a most delightful way to his readers.

The book throughout is characterized by a wholesomeness, sanity, and breadth of vision which is so essential in treating this most important problem of life. It is written for parents and can be read without a dictionary. It will no doubt render a great service to adults, and lead to a better understanding and appreciation of the red-blooded, harum-scarum, pirate-hunting boy who is breaking their hearts, and everything else about the house.

The author has stressed parental responsibility and the need of parental training as a "basic preliminary to solving the boy problem. The far-flung necessity for parental instruction is made imperative by a racial habit—of Americans especially—of drifting out of touch with their children during adolescence."

The unwillingness of parents to unbend their mature dignity, even in the privacy of the home, is indeed a mark of the provincial mind. The unwillingness to understand and get the point of view of the boy is the chief cause of the boy's gravitation to the "society of the drunken hostler who is ever ready to regale him with a collection of stories replete with profanity and obscenity."

During the pre-adolescent age and especially during adolescence, the boy craves the companionship of men. It is then that the average parent is too absorbed in other matters, feeling satisfied with giving the child food, clothing, money, and an education. "Happy indeed is the man," the author continues, "for whom time has not rung down the curtain of oblivion on the scenes of youth; for only in this state of mental attunement is he able to retain the boy's point of view which is an indispensable requisite to chumship and comradeship with his son."

Child psychology is not difficult of understanding if parents will but allow themselves to find their way to the child's heart, and the easiest way to do this is to scare up a few pirates and show the boy how to hunt them. The author relegates dime novels to their well-earned scrap heap and substitutes "heroes who exemplify in the achievement of enterprises of adventure and daring the virtues which all boys should seek to emulate." Chumming with virtue inspires virtue. By way of helpful suggestion a long list of good books is supplied; books which every boy should read—then re-read. Even the parent might read them and profit thereby.

Then by way of suggestion, without any attempt at exhaustiveness, Mr. Puller outlines sex instruction, leaving that duty to the parent whose intimacy and love furnish a better ground of common understanding. He would begin when the child first begins to catechize about the phenomena of nature. The awakening child's mind must be satisfied and this can be done in no better way than to have the mother explain truthfully, without arousing the child's curiosity, and simply answer the child's interrogations. The information given in reply to sex questions must be invasive and sufficiently satiating to allow no opportunity for the mind to ponder too much over and grow curious about.

Just as there would be no excuse for social settlements were it not for parental neglect of children, just so there would be no excuse for social hygiene societies if parents were not always proving alibis when charged with responsibility in the court of conscience. There is a lamentable lethargy in our parents in America which is the cause of much immorality. At present some parents instruct their children in matters of sex. It is given to them unconsciously in their home training. The larger number of the parents leave that part of the education to social hygiene societies and the church, schools, and settlements. Many parents refuse to give this knowledge themselves either through

prudery or ignorance and at the same time refuse to allow the schools to do so: so the boy goes to the worst sources for his information on the real phenomena of life.

Mr. Puller's idea of private instruction is the ideal way, where children can not obtain this knowledge from parents; but it is thus far not feasible owing to the scarcity of competent teachers and the great expense of this method. A man thoroughly acquainted with his subject and also with boys should have no trouble with "Psychology of the Mob." It is the teacher's timidity which provokes mirth when sex knowledge is given.

"Sex instruction must differ in one important respect from scientific instruction in that it must not seek to create interest and awaken curiosity in the subject with which it deals, but merely to satisfy the interest which spontaneously arises in the child's mind, truthfully but only so completely as may be necessary to give proper guidance to his conduct, both hygienic and ethical. Premature development of sex consciousness and sex feelings is harmful." This quotation is from *The Matter and Methods of Sex Education*, of the American Federation for Sex Hygiene. It quite typically expresses Mr. Puller's ideas, however; it is the idea to which all are turning the more they have experience in sex education.

The book is to be recommended to all mothers and fathers and other adults, especially church and social workers and educators. It is a splendid testimonial of the great work the Boy Scout Organization is doing. A very helpful feature is the classified bibliography of sex educative literature and reading books for boys.

"Happy indeed is the man who has a son; and thrice happy he who has three!"

J. A. S.

CHILD TRAINING. By V. M. Hillyer. New York: Century Company, 1915. 287 pp. \$1.60.

The first seven years of life have long been looked upon as the most important period for the formation of character. Ignorance both of principles and methods, however, has prevented the majority of parents from achieving more than a minimum part of what would, with well directed effort, be found easily possible. Of great value to them, therefore, will be this volume, which presents detailed plans for directing the child's activities toward positive character-building. Through drills and games, resulting in the formation of right habits, is to be

brought about the physical, mental, and moral development of the child in this pre-scholastic period.

It is a species of preparedness which should appeal to parents, for it will enable them to avoid many of the unpleasant crises of their life with their children. For instance, instead of waiting for a critical situation of threatening disobedience to arise, the child is accustomed through various drills and games to instant response to the word of command. As a result, his first impulse becomes one of obedience, instead of disobedience. All such positive training in self-control is definite sex education of the most needed kind, and is of the greatest value because planned to meet the needs of the period before the child attends school.

The book seems eminently fitted to realize the author's aim, which, in his own words, is "to produce children who will be more observant and attentive, with more originality, more initiative and sharper wits, who will think and act more quickly, be better informed and more accomplished, more skilful with their hands, more courteous and considerate of others, and above all, healthier animals."

On the practical side the book presents drills for establishing the habits of obedience, order and neatness, observation, association, attention, and concentration; little plays which will inculcate the common courtesies of life; exercises, songs, and games for building up the body in strength and grace; work in manual training and suggestions for occupations; and a syllabus for information lessons, together with directions for teaching reading and writing. Altogether, a book too valuable for the parents of young children to miss from their bookshelves.

R. W. C.

COMMUNITY ACTION THROUGH SURVEYS. By Shelby M. Harrison.
New York: Russell Sage Foundation, 1916. 29 pp. \$.10

Since the days of "muck-raking" the social surveyor has pointed the way to a saner and better method of measuring and improving conditions of life in city and country. Just what a social survey is, how it is brought about, and what ought to follow—and what does follow—are outlined in this pamphlet. It presents a list of the specific developments following the publication of the findings and recommendations of surveys made in Pittsburgh, Newburgh, Topeka, and Springfield, Ill. From Springfield, alone, comes a list of forty-one items of civic and social advance following the survey although the pamphlet

points out that credit for the actual achievements should at least be divided with many local organizations.

The social or community survey is described as an important "means to a better democracy" through "informing the community upon community matters, and thereby providing a basis for intelligent public opinion. It is a school whose teaching is not confined to children and youth, but which aims to get its facts and message, expressed in the simple terms of household experience, before the whole people."

"To sum up the survey in a few sentences . . . it is an implement for more intelligent democracy, its chief features or characteristics being: the careful investigation, analysis, and interpretation of the facts of social problems, the recommendation and outlining of action based on the facts, and the acquainting and educating of the community not only to conditions found but to the corrective and preventive measures to be adopted . . . It deals with the whole district and endeavors to lead individuals to think in terms of the whole. It is the application of scientific method to the study and solution of social problems, which have specific geographical limits and bearings, plus such a spreading of its facts and recommendations as will make them, as far as possible, the common knowledge of the community and a force for intelligent co-ordinated action." The author pins his faith upon the "correcting power of facts" and the belief that American experience shows "that communities will act upon facts when they have them."

THE GREAT UNMARRIED. By Walter M. Gallichan. New York: Frederick A. Stokes Company, 1916. 224 pp. \$2.25

In *The Great Unmarried*, Mr. Gallichan discusses what may be termed the cause and cure of involuntary celibacy. He first outlines carefully the social and economic factors that make for the deferment of marriage, notably poverty which is "one of the most palpable and wide-spread," false and unworthy standards of living, and lack of idealism in sex relationships due largely to our faulty understanding of the meaning of the sex impulse.

He then advances specific remedies through economic and social reforms. Higher wages, improved housing, the endowment of daughters for marriage, and a bonus to parents who are willing to raise good-sized families, are among the economic measures suggested. Ease of divorce must be provided to eliminate the mis-

giving incident to the "perilous embarkation" of matrimony. Healthier views must be dispersed on the value and purpose of conjugal relations. In making these proposals, Mr. Gallichan opens up in a fearless way a wide field of controversy.

His position rests throughout on the premise that monogamous marriage is "the most equitable and moral form of sex relationship," and "the community that cannot devise means for a normal, moral sex life for its members is in an unwholesome and dangerous condition." From this standpoint, the reader will probably wonder what Mr. Gallichan would suggest for the problem of the excess of women, already acute in England before the war, and greatly intensified now in all the European countries. What modification of monogamy may be forced by this situation? For lack of the consideration of this question the present study is unfortunately incomplete. Otherwise, the reader will find an admirable review of the obstacles to marriage and the way to remove them.

E. J. H.

MORAL SANITATION. By Ernest R. Groves. New York: Association Press, 1916. 128 pp. \$.50.

The popularity of the Freudian theory at the present time is the reason for the issuance of this little volume. The author accepts the teachings of Freud as the essential method for determining human motives. While he acknowledges that morality is a social matter, he sees in the repressions of childhood, particularly those of the sex instinct, the groundwork of future conduct which determines individual morality.

The cravings of youth represent to him the basis of morality. To uncover these unfulfilled desires is to suffice in gaining a higher standard of moral principles for the community.

Proper emphasis is placed upon the importance of the home and a plea for better homes and more intelligent parenthood is included, though these are taken to represent attempts at centering all moral activities in the home. The failure of the home as a moral agent is deemed to be due to parental self-deception and selfishness.

The moral significance of labor, proper industrial adjustments, and vocational guidance are advocated as important steps in the solution of moral problems.

While there are many practical suggestions scattered through the

book, the satisfaction of the thought of the author demands the universal acceptance of Freudian doctrine. At the present time further study is required before such a point of view may be urged as a moral panacea. I. S.

FATHER, MOTHER AND BABE. By Anna Jenness-Miller. New York: Physical Culture, 1916. 288 p. \$1.00.

"The danger from much which passes for plain teaching of plain truth lies in the sudden arousing of sex consciousness, without at the same time furnishing any adequate stimulus to sex control." This quotation, while indicating the clearness with which the author of this volume sees one of the problems of sex education must also serve as the standard by which her own work will be judged. Measured by this standard it can not be given entire commendation, even though much that it contains is of value both from the practical and the idealistic viewpoint.

Simple as seems the work of presenting to the unprejudiced mind of the child the facts of life's origin and his own physical structure, its real difficulty lies in the intricacies of child psychology. If we could be sure that the child would think only what we bid him to think, our task would indeed be an easy one.

It is not alone prohibitions which contain suggestions to the acts they are expected to prevent. Words or phrases which present vivid mental pictures to the child act also as strong suggestions. If, then, differences of sex are pointed out to children in definite terms which connect form with function, the child's impulse to test the information received by personal experience will become almost too strong to be resisted.

This is the fatal mistake made by the author in her first chapter; so serious a mistake that it hardly seems worth while to call additional attention to the biological error of attributing to the father alone the life-giving germ, allotting to the mother simply the work of receiving and nourishing the vital spark to which she is apparently supposed to have made no contribution.

Aside from these considerations, there is much in the book to commend. In the first place it brings out the fact that the father is, in the title itself, placed where he belongs, with the mother and babe; in the second place, a sane and sensible tone pervades it due in part to the mingling of sex knowledge with other information needed to insure a well-regulated life in the home; and in the third place, it presents rea-

sonably both sides of that most difficult of all questions, the relation of husband and wife.

From the instruction of the children in sex matters, the author goes on to discuss the sufferings and dangers of childbirth, the care of the prospective mother, preparing the wardrobe for the little newcomer, and its first care, making altogether a fairly comprehensive and practical volume.

W. C.

THE PSYCHOLOGY OF RELAXATION. By George F. W. Patrick. Boston: Houghton, Mifflin, 1916. 280 p. \$1.25.

This is a volume of five essays respectively on the Psychology of Play, the Psychology of Laughter, the Psychology of Profanity, the Psychology of Alcohol, and the Psychology of War, with an introduction and a final chapter, headed "Conclusion."

As explained in the preface, these essays, all but one, are revisions and elaborations of essays published in scientific and popular magazines. Apparently on quite disconnected subjects, they have as their common element the idea of relaxation from the strain and stress of modern life. Each essay has this idea, not as an incidental feature but as its objective point.

The essay on Play has little in it that is new except the emphasis it places on play as relaxation, and on the close relation of the play of children and the play of adults. The essay on Laughter discusses the various theories that have been held and finds its central significance in "slips and lapses" of thought, speech, and action which bring about a sudden drop from a conventional to an unconventional level. Like play, it is a release from strain and the stress which convention places upon us. Profanity is similarly discussed from the point of view of emotional stress and of mental hygiene. This is perhaps the most original of all the essays. In the essay on Alcohol the author briefly reviews comparatively recent scientific investigations, and argues that by paralyzing the higher and later developed brain tracts which underlie the higher thought processes and voluntary attention, it throws the mental life upon the lower, older, and better organized brain tracts, and in this way produces relaxation. Men get drunk to drive dull care away. War, the author argues, is likewise a recoil of the mind from the high tension of modern life. In war society sinks back to the primitive type, and men give expression to the lower instincts and

elemental passions. Modern life requires high efficiency, severe self control, inhibition, concentration, and sustained effort. War is the reaction from this.

These essays are scientific in character, and are written in a clear, readable style. Each subject is treated in a fresh way; and the student of applied psychology will find them interesting reading.

T. M. B.

INDIVIDUALITY IN ORGANISMS. By Charles Manning Child. Chicago: University of Chicago Press, 1915. 213 p. \$1.25.

Dr. Child in *Individuality in Organisms* contributes a new view of the nature of life processes in the simpler organisms. The book "deals primarily with the problem of the nature, of the unity, and order in the organism; the constancy of character and the course of development; the maintenance of individuality in a changing environment." The organism is, in Dr. Child's opinion, a dynamic entity, a moving equilibrium in a world of constant change. In the presence of this fact the old static distinction implied in the isolation of the germ plasm, and therefore, the impossibility of inheriting acquired characters or habits, have less and less significance. Likewise the classic distinction between morphological and physiological science loses importance. The key to the understanding of life processes in the simpler forms, those processes which express themselves in individuality, in reproduction, and in other activities is found in this intimate relation of the simple animal or plant to its environment. The same law holds with regard to higher forms, but it is obscured by the existence of more highly complicated mechanisms.

FIFTY YEARS OF ASSOCIATION WORK AMONG YOUNG WOMEN. By Elisabeth Wilson. New York: Young Women's Christian Association, 1916. 402 p. \$1.35.

This interesting history of the work done in the United States by the Young Women's Christian Association gives an account in Part I, of the prayer unions and other religious associations and organizations in Great Britain and America before 1866 and of the status of women at that time as the author sees it. Part II shows the development of the local, national, and international organizations in America from 1866 to 1906. In Part III, Miss Wilson outlines the present national activities of the Young Women's Christian Association from 1906 to 1916.

The many fields into which its work has spread is surprising to one unfamiliar with the Association's activities. There are chapters on work with women students in state universities, through clubs, including those for negroes and Indians, for girls of the city and country, and for girls at work in the various industries. There are classes in English for foreigners, and an International Institute whereby girls released in New York City by the port officials are called upon by an Association visitor speaking the language of the stranger, through whom the ways of the new world are explained, and every effort is made to relate the new Americans to the best institutions and forces in our country.

With all this historic and present accomplishment, the Association's forward look is especially important and the author's feeling is that it is but entering upon its great work,—a work which aims to cover all of woman's interests and activities.

Of particular interest to SOCIAL HYGIENE readers is the work of the "Commission on Social Morality from the Christian Standpoint, seeking and holding the place of the Association in the present day crusade against the social evil." This commission is still carrying on its investigations and will soon, it is hoped, be ready to make a report upon its work.

An appendix includes a chronology, a list of the Young Women's Christian Associations of the United States, and a directory of the present officers of the National Board.

GENETICS. *An Introduction to the Study of Heredity.* By Herbert Eugene Walter. New York: Macmillan, 1914. 272 p. \$1.50.

This is a most readable scientific book, careful in its analysis of the fundamentals of heredity as experimentally determined and sane in its handling of the agitating theories which are to date unverified, if not undeterminable. It is marked by a simplicity characteristic only of a scholar, who, in the words of a recent writer "after using the scaffolding of the technical knows how to abandon it." The inquiry accepts the mechanistic assumptions of material science and the authorities cited are general and extensive rather than specific and detailed.

Professor Walter believes that the Darwinian and Lamarckian explanations of variation are untenable and that by far the greater number of observations recorded substantiate the Weismann theory that the causes of variation are intrinsic or inborn in the germ plasm. Upon

these variations evolution depends, for without them there would be uniformity of generations and no possibility of progressive change. The treatment of the question of acquired characters is worth especial consideration; it is a splendid example of condensed exposition upon the arguments for and against this historic controversy.

Another noteworthy chapter is that dealing with the determination of sex. Sex is a Mendelian character, the determiners of which are carried in the germ plasm and unalterably fixed at the time the egg is fertilized. The desire to predetermine the sex of offspring seems destined to continued lack of gratification, inasmuch as all evidence from the study of sex control is as yet negative.

In conclusion the author discusses the effects of inbreeding upon man and urges cultivation of the eugenic conscience. The means he proposes for the restriction of undesirable germ plasm are: control of immigration; abandonment of forcing sexual offenders to marry in order to legalize the offense, thus causing subsequently two defective streams of germ plasm to combine repeatedly; complete sexual segregation of the most serious defectives, and sterilization as a still more drastic safety measure. In approaching the eugenic ideal positively, he advocates subsidizing the fit, enlarging individual opportunity, and preventing the germinal waste of war.

M. C. G.

THE MEANING OF EVOLUTION. By Samuel Christian Schmucker.
New York: Macmillan, 1916. 292 p. \$1.25.

This book is not intended for biologists, but is addressed to the large audience of persons to whom the much misunderstood term "Evolution" is unpalatable. There is so prevalent a repugnance to facing the possibility of being descended from creatures not unlike the ape, that the masses stubbornly refuse to inquire into the present status of the distasteful idea. For such, if they can be persuaded to read, Dr. Schmucker's work should be stimulating and fairly convincing. The author has avoided technicality and presented the subject in a manner intelligible to those unfamiliar with biological phenomena, theories, and terminology.

The historical sketch of the pre- and post-Darwinian points of view as well as the analysis of Darwin's own study and conclusions are fascinating in their sympathetic insight.

The exposition of adaptation for the individual and for the species is illumined by a wealth of vivid illustrations.

The chapter on "Life in the Past" is merely a cursory survey of animal development during geologic periods.

By no means the least useful chapter is entitled "How the Mammals Developed." It can be recommended heartily for the perusal of adolescents because it presents in a simple way a description of the asexual and sexual methods of reproduction from the lowest organisms up through the animal kingdom. The growing complexity as seen in the higher species and their methods of nourishing their young are explained in such a way as to be splendidly useful in the sex education of the boy and girl.

Since the weight of evidence is against the transmission of acquired characters Dr. Schmucker is of the opinion that improved environment can only slowly, if at all, improve the race. He believes mankind is growing gradually cleaner-lived, but that the struggle out of bestiality is so far from attainment that heroic effort is needed on the part of eugenists. He criticises adversely the requirement of health certificates for marriage on the ground that such restriction would result in increased illegitimate parentage. Society has the right, however, and the duty, he declares, of protecting itself against the multiplication of feeble-minded by legally adopting surgical means. Thus there may be removed the possibility of generations of criminals, but the author holds the position that a "distinct majority are criminals more through environment than heredity." Therefore, in cutting off the possibility of posterity we must carefully determine whether we are dealing with an hereditary or an acquired case of criminality.

The most effective course now open to the eugenicist is an active attempt to foster in our youth such an admiration for vigor of body and mind that the thought of mating with the mentally and physically defective will become repulsive and unmeditated. The eugenic aspect is handled at the end of the book in conjunction with an earnest plea for tolerance on the part of those who still disbelieve in the application of the principle of evolution to man. The author urges open-minded consideration of the disclosures made by specialists in the field of science and a greater willingness to reconstruct our former conceptions of truth in accordance with the most careful investigations of present day thinkers.

M. C. G.

INTRODUCTION TO THE STUDY OF SOCIOLOGY. By Edward C. Hayes.
New York: Appleton, 1915. 718 p. \$2.50

The bulk of the material in Part I is grouped under four heads which are subdivisions of the topic "The Causes which Affect the Life of Society." These four are: I, Geographic; II, Technic; III, Psychophysical; IV, Social. Under the first head are treated such subjects as the influence of the physical world on man's habits, occupations, migrations, his moods, and temperaments. In the second we have a study of rural conditions, of city life, of groups and crowds, the influence of wealth, the organization of our poor relief. In the third are considered the biological backgrounds, heredity, immigration, disease, hygiene, and eugenics. In the fourth is a study of the inner life of society, the thought of the individual in reference to the group, the power of suggestion and imitation.

In Part II we find an analysis of the life of society, the classification of social activities, the characteristics of society, the relations of the group and individual.

In Part III is given a sketch of social evolution, and such institutions as the family and religion are discussed.

Part IV deals with social control, the efforts of the group to get the individual to follow its standards, the treatment of crime, education.

In barest skeleton I have suggested the contents of the book. The various chapters are carefully worked out and are full both of fact and suggestion. The volume should be of chief value to mature men and women rather than to young students. For one who has a general knowledge of the world and who appreciates careful and logical (I do not mean "dry") treatment of important subjects this book is to be highly commended.

Readers of this journal will be chiefly interested perhaps in the author's discussion of eugenics and education, and I have saved this topic for more detailed mention.

Under the general heading "Psychophysical Causes which Affect the Life of Society" (pages 209 to 301) will be found a very interesting survey of the things we inherit and the things we must acquire. Thus the author—a preacher as well as a teacher—does not hesitate to say that "No man is born with a conscience any more than one is born with a language. But just as we are born with the predisposition to communicate and so to learn a language if one is spoken by our associates; otherwise to begin to make one, so also we are born with the predispo-

sition to acquire from society a conscience or to begin the making of one."

The social differences between the different races are greater than the physical differences of their bodies. "The prizes of life are not offered to the negro in the same degree and on the same terms as to the white man." Caste differences do not predicate differences in ability. We are all conscious of the presence of defectives as well as geniuses. Biology teaches us that it is possible to eliminate many of the defects. "The aim of eugenics does not imply the evolution of a new type of humanity higher than has ever existed before, but more general conformity to the existing standard of human excellence.

. . . . But more is biologically possible than may prove to be socially possible. The chief social agency for the promotion of eugenics is education and the development of a eugenic morality. Not, however, that we want an increase in the number of children born, but rather that we want an increase of the number of children born in families where they are both well born and properly nourished."

"Whatever else is desirable, age-long social experience has demonstrated that four traits are essential as elements in the character of individuals who are fitted to maintain a high and advancing social order, namely: (1) reliability; (2) temperance or the due subordination of each particular appetite, natural or acquired, to the requirements of the whole of life; (3) industry or steadiness in endeavor; and (4) the social spirit, or justice." The training of the young in these virtues comes largely from the school, the church and the family, as well as from the chance associations of every-day life. "Even if science should succeed in providing successfully for the physical care of babies in batches, there would remain the more exacting task of motherhood in the development of personality. It is a task in which many mothers fail, but one in which no other agency can succeed as mothers can."

Throughout the volume the author is fair and just, restrained but not timid. It is not a book for hurried reading but one which demands time for thought and will repay the reader for the time spent.

C. K.

NOTE AND COMMENT

Prostitution in the Dutch East Indies. Mr. van Walsem, the Inspector of the Government Office for the Suppression of the Traffic in Women in the Dutch East Indies, writes from Batavia, Java, in August, 1916, as follows:—

By a resolution of the Governor-General of the Dutch East Indies, dated the 29th of November, 1910, it was determined that from the 1st of March, 1911, the medical examination of prostitutes by the government should not take place any more. Moreover, different new regulations were made on the 1st of September, 1913, and came into force against brothels, procuring, and the white slave traffic. Of these regulations the following is the most important for our purpose:—

He who makes a profession or practice of provoking or encouraging lewdness of others with third persons shall be imprisoned for a period of three months to one year or pay a fine of one thousand guilders.

Although in this clause the word "brothel" is not mentioned, it is clear that by it the trade of the brothel-keeper is made liable to punishment. It must be understood that no one has ever supposed that these penalties would have the result of causing prostitution to disappear from the Netherlands Indies. The legislator has perfectly understood that this could never be the result of such a measure. It was no less a person, than the advocate of this new article—the late Mr. Regout, LL.D., at that time minister of justice, who on the discussion of this bill spoke as follows in Parliament:—

"Prostitution is such a general phenomenon, peculiar to every time, that it would be folly to suppose that such a simple penalty will cause it to disappear. . . . This article, is not directed against prostitution as such, but only against those who make money through the lewdness of others or who make a profession or a practice of it."

The parasitical life of the brothel-keeper is attacked by that article, for he exploits the women living in his house for immoral purposes; he is also a white slave trader, as the regular importation of new forces is necessary for his business and therefore the Dutch legislator prohibited this anti-social profession as well as that of the souteneur and white slave trader.

The prostitute as such is free, however. The article does not touch her; her personal liberty to do what she likes is not hindered. The legislator does not interfere with her mode of living.

The state has not to be a moralist. It is only in the case that prostitution coincides with the exploitation of women or in other words, that third persons make money by the act of a prostitute, that the legislator interferes.

It need hardly be said that this article was not agreed to unanimously, such was also the case with the abolition of medical examination of prostitutes.

There were and there still are people, who maintain that the abolition of ill-famed houses is the cause of the increase of clandestine prostitution. In my opinion, this argument does not hold good for the following reasons:—

1. In order to prove the truth of this assertion, it would be necessary to know exactly, how much clandestine prostitution took place in a city or country before the abolition of the brothels.

It is only when such knowledge is obtained that a comparison can be made between the situation before and after the abolition and that it can be proved that clandestine prostitution had been increased by the abolition of brothels and of public prostitution.

Now we have no reliable statistics about this question. The assertion therefore that clandestine prostitution has been increased by the above-mentioned reason is only a supposition, which cannot be corroborated by scientific means.

In a Dutch town (Arnhem) where by an accidental state of affairs the number of clandestine prostitutes could be controlled before and after the abolition, it was ascertained that secret prostitution had decreased after abolition, a proof that the assertion of our adversaries is incorrect in its general sense.

2. The increase of clandestine prostitution does not coincide by any means with the abolition of brothels. In countries and cities, where such a legal prohibition does not exist and where brothels are allowed, we see an increase of clandestine prostitution.

That is the case at Paris and at Singapore, in the West and in the East.

I made an inquiry last year at Singapore about the number of Javanese prostitutes in that town. Only thirty-eight lived there, ten of whom lived together in three brothels, the others lived separately and preferred doing so independently to living in an ill-famed house. You know perhaps that at Singapore no obstacles are placed in the way of brothels.

This remarkable phenomenon, viz., the increase of secret prostitution throughout the whole world, also in countries where the legal prohibition of brothels does not exist, can—in my opinion—be explained as follows:—

1. Women are becoming more and more independent. Their desire of independence is becoming greater and greater. That is also the reason why they wish to have the free disposal of the money they gain as prostitutes.

In contrast with what one can observe everywhere in the whole world, viz., increase of trade on a large scale, here the preference is given to trade on a small scale.

2. The love of luxury and pleasure, which increases in proportion to the facility with which they can be procured and the increasing intercourse of our days with the world at large, cause women and girls to look about them in order to find the means of satisfying this craving for luxury and pleasure. Many girls find those means by giving themselves up to prostitution.

3. The church, the religions are losing their influence on the people more and more. Moral notions and ideas are becoming lower and lower.

The argument that the disease will increase by the abolition of medical examination, to which women living in an ill-famed house are subjected, is the next we have to consider.

I shall cite the words of medical doctors. They have more authority on this subject than moralists.

1. The late Prof. van Haren Noman, a celebrated Dutch medical man, collected in the years 1889-1896 information about this question, from which I derive this assertion:—

“From my practice of many years my opinion is that the infection, got in brothels, is more manifold than that got by secret prostitution.”

2. The section “Rotterdam” of the Dutch Society for the Progress of Medical Science unanimously advised in 1901 the council of that town to abolish the brothels, because the medical examination did not give sufficient security.

3. Messrs. B. van Dugteren, M.D., and F. Rietema, M.D., treating the question of medical examination in their report about prostitution, made in 1897 for the Dutch Society of Dermatologists, said: “Next to the impossibility of distinguishing the sick women from the sound women, next to the confidence unjustly awakened, we find also a cause for the increase of the disease in the resistance of the women themselves.”

4. Finally I will make a comparison between England and France in connection with our subject.

In England there are no regulations, in France there is an elaborate system of regulation with its “police des mœurs, maisons tolérées, etc.” What is the result? (see *English Parliament Blue Book*, c. 7148, of 1893, page xxv).

In England there are statistics published by the Registrar-General, showing:—

a. Deaths at all ages as caused by venereal diseases per 1,000,000 living.

b. Deaths from (hereditary) venereal disease of children under one year old per 100,000 living at that age.

c. Candidates for recruitment refused on account of syphilis per 10,000 offering for enlistment.

Taking a period of twenty years after the Contagious Diseases Act was abolished, that is between 1886 and 1907, the fall in each case was as follows:—

a. From 92 to 58, i.e., 37 per cent.

b. From 116 to 71, i.e., 39 per cent.

c. From 82 to 18, i.e., 78 per cent.

In other words the disease has steadily diminished without regulation.

On the other hand in France with its elaborate system the disease had apparently increased. At the International Congress of Medicine held in London in 1913, a paper was presented by Professor Ernest Gaucher and Professor Gougerot, both of Paris, on “The Dangers of Syphilis and the Question of State Control.”

Professor Gaucher’s words are important for he holds the principal chair of syphilography in Paris. The following sentences are worth noting:—

“1. The greatness and the difficulty of the question is obvious. Hardly any of the problems have been solved, at least in France.”

“2. *Regulation is theoretically the most seductive system.* All prostitutes shall be brought under judicial authority, thus all can be subjected to inspection and only those who are free from contagion shall be authorized to continue their ‘profession.’”

“3. Regulation which exists in France and other states aims at fulfilling this program. Unfortunately the *practical difficulty* is far from the *theoretical ideal*. The majority of syphilographers and philanthropists oppose it esolutely.

The French Extra Parliamentary Commission and the International Congress at Brussels arrived at conclusions unfavorable to administrative regulations and to the "police des mœurs."

"4. I do not hesitate to declare publicly," one of us (Gaucher) has said, "that regulation is iniquitous, illegal, inefficacious and positively harmful."

"5. I refuse to admit the argument from common sense, as stated by my eminent master Professor Fournier."

Could any words show more clearly the bad effects of regulation?

The contrast between the state which Professor Gaucher describes in France and that shown by the statistics of the Registrar-General in England is most remarkable.

Reports on Vice Conditions in Bridgeport, Connecticut; Paducah, Kentucky; and St. Louis, Missouri. Previous to the investigation of vice conditions in Bridgeport,¹ the city had the reputation of being an "open town." This reputation was not entirely deserved, but the older segregated district, closed four years ago, was one of defiant flagrancy, and for years had been accepted as an inevitable, even if distressing, public institution.

When the investigation began, Bridgeport had a well-defined segregated district. In December, 1915, while the work was in progress this district was closed by order of the mayor and superintendent of police. After the houses were closed, some of the hotels, cafés, cabarets, saloons, and oriental restaurants became the rendezvous of prostitutes and their patrons, and became subject to investigation. The revelation of conditions in these resorts was of a serious nature, and such disclosures form a large part of the report.

One chapter deals with investigations of certain public dance halls. The scenes in these dance halls were obscene and indecent in the extreme. The dancing was sensual and immoral with no attempt at control or restriction. Drunken boys and girls reeled about the floors, knocking over tables laden with half-empty beer glasses. Prostitutes solicited men openly for immoral purposes.

To quote from the report:—

No more serious problem can confront us than the control of the dance halls. At the present time in Bridgeport there are multitudes of working girls who seek through them an outlet for their social and fun-loving instincts. Private homes are closed to them; the rooming houses have no place for recreation. It is natural, then, that these young women should accept any chance that offers for having a good time. As the element of choice of companions is reduced to a

¹ The Report and Recommendations of The Bridgeport Vice Commission, John R. Brown, Chairman. Bridgeport. Connecticut, 1916.

minimum by the public character of a dance hall, and undesirable persons can go on the floor at any time by paying the price of admission, many an innocent girl may find herself in a party with one or more prostitutes, and follow their lead.

An important chapter is the one on venereal disease in Bridgeport, followed by tables of statistics supplied by the Department of Public Charities. Another interesting chapter reviews one hundred and ten cases in which there was a relation between poverty and vice.

Among the constructive recommendations appear the following:—

We recommend that such persons be treated as abnormal and antisocial members of society, and their cases disposed of by the courts in accordance with law after diagnosis and recommendation of the psychopathic board which we hereafter recommend.

We recommend that the patronage of all saloons be carefully watched by the police, that the law prohibiting loitering of women be strictly enforced.

We recommend that the board of health examine all saloons frequently, and that they compel the saloons to observe all sanitary laws to the letter.

We recommend that all private booths and side rooms in restaurants, cafés and saloons be forbidden, and that where now existing they be ordered taken down by the authorities.

That there should be an amendment to the present law regarding the reporting of venereal infection to the board of health. The suggestions made by the Hartford Commission would, we believe, be quite satisfactory. "The report could be made sufficiently descriptive to establish the individuality in each case (without disclosing the identity of the person) to prevent duplication of the same case even if reported by several physicians. Such case should be reported on blanks substantially as follows:—(1) Date, (2) Exact age, (3) Sex of patient, (4) Name of physician reporting, (5) Names of previous physicians consulted, (6) Disease, (7) Is diagnosis positive? (8) Date of infection, (9) Place of infection, (10) Source of infection, (11) Complications thus far present, (12) To what extent is the patient a menace to society? The report should be made obligatory on the part of the attending physician on penalty of fine."

A venereal diseases clinic should at once be established in which such diseases are diagnosed and if necessary treated free.

In view of the fact that much vice comes from the lack of normal and healthful recreation, and as the opportunities for such recreation in Bridgeport are small and totally inadequate in the present rapid growth of the city, we advise that the Mayor and Common Council appoint a recreation commission who shall see that a recreational survey of the city is made and that they bring in a plan for the extension of recreational facilities to cover a large group of years. This commission ought to deal with the dance halls, the cabarets, the school recreations, school centers, playgrounds, theaters, moving picture shows, park amusements and all athletics.

In our judgment, there are four normal and satisfactory ways in which the facts of the sex function can be taught in the education of a child. They should

all be used—the biological, the physical training, the ethical and the religious methods; they show in turn the facts, the personal apprehensions, the moral implications and the sacredness of the sex relation.

We recommend that the co-called Iowa Injunction and Abatement Law, which has been adopted in many states, be enacted at the earliest possible date.

We recommend that the state establish a farm and reformatory for prostitutes, similar to those successfully and scientifically run in other states, to which women might be committed for treatment and preparation for a return to normal and respectable life.

We recommend a morals commission, chosen by the Mayor, to hold office without pay, and who shall use an appropriation as need may arise for investigation and oversight into any conditions which affect the morals and public order of the community.

One of the most interesting features of the report of the Paducah, Kentucky, Vice Commission² is a chart showing sixty-four houses of prostitution scattered throughout the city. For many years the officials of Paducah had tolerated such houses, backed by public opinion, until at last this vice expressed itself at the very doors of respectable families. Hundreds of children were found playing in and around the houses and some actually lived in these resorts.

In summing up the facts in the report, the following statements are especially significant:—

Paducah has one public prostitute to every thirty-five of her adult woman population.

Houses are located in every part of town save in the extreme west end.

Fifty per cent. of the inmates have been infected with syphilis.

Ninety-five per cent. are at present or have been infected with gonorrhea.

More than six hundred cases of beer are sold in these houses each month.

Fifty to seventy-five per cent. of the profits from prostitution go to the madames.

Ninety per cent. of the profits from beer go to the madames.

The property owner makes from 125 to 100 per cent. more on his property leased for this purpose, than for any legitimate use.

Hundreds of children loiter and play about the houses, and are necessarily absorbing the atmosphere to say nothing of possible infection.

Boys under twenty-one years of age are frequent and regular customers.

The average life of a public prostitute in Paducah is four and one-half to five years.

Three thousand cases of gonorrhea and syphilis are treated by Paducah physicians a year.

Seventeen madames do a business of \$11,000 per month.

² Report of the Paducah Vice Commission, Reverend Clinton S. Quin, Chairman. Paducah, Kentucky, 1916.

A conservative estimate of money spent in houses of prostitution in Paducah is \$400,000 per year.

"We lay at the feet of no man," writes the Reverend Clinton S. Quin, Chairman of the Vice Commission, "no one administration, the responsibility for vice conditions in our city. What is here is a growth of years, and we believe what we recommend, if carried out, will make our city a much cleaner and better place in which to live."

Among the recommendations are the following:—

Elimination of public prostitution through the rigid enforcement of the law.

Notice to be given June 15, 1916, that ninety (90) days after date, September 15, 1916, all keepers and inmates of houses of prostitution, all keepers of houses of assignation, and the owners of such property, shall be prosecuted to the full extent of the law, and prosecution to continue every day until such traffic is abolished.

That from this date, June 15, 1916, the Commissioner of Public Safety shall enforce the law relative to the sale of liquor in houses of prostitution, and also that law relative to minors visiting such houses for any purpose. That all player pianos in houses of prostitution be ordered stopped.

That no prostitutes be allowed to come into any public house of prostitution after this date, June 15, 1916, and that none shall be allowed to move into any other location.

That after due notice, say thirty (30) days from this date, the license of any saloon keeper be revoked who permits a prostitute to frequent his saloon, or who permits prostitutes to live or to ply their trade, on his premises.

The appointment of a morals commission, to include the Commissioner of Public Safety, to continue the work as instituted by this Commission, part of whose duty it shall be to see that the law is enforced. That the Mayor shall have the appointment of this Morals Commission, and that it shall consist of not less than five, nor more than ten members, and that the term of office of this Commission shall continue one year from date of appointment.

That a woman probation officer be appointed in the Juvenile Court.

That a woman be appointed, with the proper power, to meet all trains, for the protection of incoming girls and women.

That steps be taken to bring about such legislation as will create an institution for the feeble-minded, said institution to be along the lines of the one at Vineland, New Jersey.

A report of the Committee of One hundred of St. Louis,³ places special emphasis on the work of the City Courts and of Division Number 2 of the Court of Criminal Correction in handling cases of this class in the calendar year 1915. Under such headings as "The Trial," "The Parole," tables show the disposition of different degrees of prosti-

³ *Commercialized Prostitution in St. Louis*, by J. G. Fertig, published by the Committee of One Hundred for the Suppression of Commercialized Vice, St. Louis, Missouri, 1916.

tution cases. A special statement is made under "Syphilis and Gonococcus Infection" giving the number of cases treated in the City Hospital and the city dispensaries.

Certain remedies are suggested. These include the amending of present city ordinances, so as to provide:—

1. That women convicted of prostitution be sent to the Work House for an indeterminate period not exceeding one year, and that no fine be imposed.
 2. That prostitutes sent to the Work House be given an industrial training.
 3. That a physician of the Hospital Division examine all women arrested for prostitution.
 4. That syphilis and gonococcus infection be made reportable to the Health Commission; and
- Finally that an injunction and abatement law be enacted by the state legislature at its next session.

G. J. K.

Continued Agitation against Segregation in Japan. The letter printed below, sent out by a committee of foreign residents of Osaka, continues the story in SOCIAL HYGIENE for October, 1916, of opposition to the establishment of a new segregated district in that city. A hopeful feature of this opposition, whether or not the immediate point at issue is won, is in the fact that it is not confined to foreign residents to whom the Japanese system of segregation might well be expected to be abhorrent, but that it first sprang up among the Japanese and was later given Christian and foreign support.

To the Foreign Christian Public:

The undersigned have been requested to present to you a statement concerning the progress of the anti-vice campaign in the proposed new segregated district, Tobita, Osaka, and to solicit your continued sympathy and help in the fight that is to be waged during the fall and winter.

We are glad to report that the representative committee appointed last spring are not relaxing their efforts one whit, and now with the changes in the Cabinet, and with the meeting of the Osaka Prefectural Assembly to open in November, they are taking up the fight with redoubled vigor and energy.

You will remember that the government order permitting "Tobita" was issued on April 15th. During these six months a temporary bamboo fence has been built around the plot, a land company has been formed and the different lots have been bought up by the prospective operators. On September 22d the land company called in a Shinto priest, the head of the great Osaka Tenjin shrine, and held the "Jichinsai," or ceremony for propitiating the guardian deities of the ground. This is as far as the scheme has developed during the half year. Not a street has been laid out, not a foot of land has been filled in, nor has a single house been built. The farmers are as usual raising their crops on the land, and have paid their rent up to the end of December. Although the outcome of

the opposition campaign is still uncertain, it has already stirred the police of Osaka and Tokyo to make repeated raids against private houses of prostitution, and has led to stringent measures in Osaka against the public exhibition of girls behind the bars in the entrance ways of the licensed houses.

The committee plans to keep up a hot campaign during the remainder of this year. Three thousand volumes of a special 140-page book on the license problem in general, and the Tobita question in particular, have been printed and are now being sent out all over Japan to members of the privy council, the cabinet, the two houses of parliament, governors, university professors, prefectural assemblymen, and other leading men. The influential citizens of Osaka will each receive a copy. The printing and mailing of this is costing 400 yen. New petitions from hundreds of Osaka Christians and other well wishers are being sent to the Diet, and a new petition from mothers is being sent to Governor Okubo and the Home Minister.

At the opening of the Osaka Prefectural Assembly in November it is planned to negotiate with the leading newspapers for a whole page of propaganda material in each paper. At the same time special letters will be sent to each member of the Assembly, and some public lectures will be given. This is to strengthen the hands of the Anti-Tobita party in the Assembly, who are as determined as ever to make an issue of this problem in the deliberations of that body.

It is evident that the crucial moment of the battle is now approaching. The activities of the next few weeks will determine the happiness or misery of thousands of Japanese young women, as well as the prospect for purity in this, the second city of the Empire. Furthermore this fight concerns the whole country, and the whole cause of anti-prostitution everywhere. In the providence of God the conflict has been raised in Osaka, and the warriors here must bear the brunt of the fighting. This they are willing to do, and with the experience gained thus far, and the spirit of unity and enthusiasm prevailing, perhaps no other place is so well fitted to answer the call of God with reference to this movement. But the issue of the battle here is bound to affect tremendously the solution of the social evil problem throughout Japan, and even outside of Japan, so that we feel justified in responding to the request of the General Committee to present this wide appeal.

The prosecution of this movement costs money. Up to date 1428 yen has been raised, of which 104 yen remain. Perhaps six-sevenths of the above amount has come from Japanese sources. It is estimated that the fall and winter campaign will require at least 1500 yen more, and we beg to urge that foreign Christians generally will make use of this opportunity to show their sympathy in a practical way. Contributions, large or small, will be gratefully received and wisely used. The Rev. W. R. Weakley, 14 Kawaguchi Cho, Osaka, will act as Treasurer in collecting this foreign fund, and later pass it over to the General Committee. Please use the *Furikae Chokin* blank enclosed, Osaka 12122.

"The King's business requireth haste."

"Pray without ceasing."

Signed, { G. ALLCHIN,
W. H. ERSKINE,
G. W. FULTON,
G. GLEASON,
W. R. WEAKLEY.

Osaka, October 16, 1916,

London's Campaign Against Vice. Men "more mischievous than German spies" are loose in the British capital, says the Bishop of London. They are the "male hawks" who "walk up and down this very Piccadilly night by night with an army of helpless and trembling girls under their surveillance, and who take from them the very money the girls earn by their shame." Side by side with the male hawk "as a traitor to his country" the Bishop placed "the writer of lecherous and slimy plays." He went on to charge this type of playwright with "the insolence to try and make money out of the weaknesses of our boys." "God knows, in the heyday of their youth they do not always find it easy to keep straight," he exclaims; "these devils deliberately try to make it harder." In an interview in *Reynolds's Newspaper* (London), Bishop Ingram returned to the subject of the protection of boys under arms from the purveyors of vice. The interview runs: ". . . . I repeat the assertion I made on Wednesday from the pulpit of St. James's, Piccadilly. 'It is the business of us middle-aged men who are not allowed to fight and the women of London to purge the heart of the Empire before the boys come back. If it is to be still the old London, those who have died will have died in vain.'

"I spoke those words in Piccadilly, the center of organized vice of the entire universe. It is a time for plain speaking; why should we shut our eyes to obvious facts? The male hawks of Piccadilly, and the unfortunate women upon whom they prey, constitute such a danger to the nation that, if only the nation realized it properly, the evil would not be allowed to continue one minute longer.

"There is unfortunately in England a tendency to regard vice and licentiousness as a necessary evil. I have heard men who lead perfectly moral lives say they suppose these things are inevitable. In other words, public opinion has countenanced prostitution. Men with so-called advanced views declared that morality and health did not go hand-in-hand. What utter nonsense! No man ever has suffered or ever will suffer, from living cleanly; all arguments to the contrary are merely a pretext to cover immorality."

The question of punishing the wrongdoers is regarded of minor importance by comparison with "the necessity of a change of mind and spirit in the country."—*Literary Digest*, November 4, 1916.

The Injunction and Abatement Law in Indianapolis. The Indiana Injunction and Abatement Law has been utilized to great advantage

during the fifteen months since its enactment in reducing commercialized vice in Indianapolis. During that time twenty-four suits have been brought against the keepers of houses of prostitution, all of which resulted successfully. These women were put under an injunction which is binding on them as long as they live in the state of Indiana; they include practically all of the notorious women who have long and successfully, from the financial standpoint, conducted their business of prostitution in Indianapolis.

In addition to these twenty-four cases, more than sixty houses of prostitution have been vacated, after notice and threat of enforcing the law, and without the need of bringing suit. Scarcely a week passes that some such houses are not thus vacated.

But the influence of the law has extended to many more houses and people than are included in the above eighty cases of houses of prostitution that have been stopped doing business during the past year. Many have abandoned the business or refused to enter it or continue it through fear of this law. Therefore it is impossible to estimate exactly how extensive has been the influence of this law in Indianapolis.

The feature of the law which makes it effective is that it reached the property owner and in most of the twenty-four suits instituted the property owner was a party to the suit. Property owners and real estate agents are extremely sensitive about publicity of the bad reputation of their houses. For that reason mere notice to the owner in most cases has been sufficient.

The enforcement of this law in Indianapolis has been at the instance chiefly of the Church Federation. When its officials are satisfied of the location of a house of prostitution, either by its own investigations or by reports from reliable people, the secretary of the Church Federation notifies the owner of the real estate of this report and requests him immediately to investigate and turn the people out if the report be true. In nearly all instances the people have been turned out within two days. The real estate agents of the city have coöperated with the Church Federation in an endeavor to protect their real estate from such use and reputation. No real estate owner has refused in a single instance to act promptly and effectively, excepting where the houses were owned by the women who ran them.

The prosecuting attorney has also coöperated with the Church Federation in enforcing the law and the public endorsed him in a remarkable manner in his renomination and reelection.

At first the defendants in the suits brought employed counsel and

showed considerable fight, but in most instances the lawyers employed by them respected the law, settled the cases, and refused to advise appeals. Likewise the courts have treated the law with great respect and have sustained and enforced it effectively, in spite of claims for a time that the law was unconstitutional.

The result has been to enhance greatly the respect of the public and officials for this law and the improvement in social conditions at which it aims. This sentiment became so strong that this law was employed against a burlesque house where vulgar or immoral theatrical performances were given. This theatre persisted in its degrading shows in spite of every other effort to correct the evil. Finally, suit was brought against the manager and lessor under this law, for "lewdness," the theory being that the shows given were lewd and covered by this statute which includes the word "lewdness." As soon as the lessor saw the hand of the law reaching out on the lease and property, the theatre was closed and it has not been operated since. The suit was successful. This is, so far as known, the only instance in which the Injunction and Abatement Law has been employed against a theatre or other evil than prostitution.

Many of the houses formerly used for purposes of prostitution have been changed into legitimate business establishments; many of the women have apparently abandoned commercialized vice; some have left the state; and others have scattered through the city. The latter are followed and the crusade against their business constantly pushed. The constructive side of the problem has not been neglected and consideration is being given to a bill in the next legislature to establish a self-supporting penal farm and industrial institution for the protection of society against women of this class and particularly for their own rebuilding and regeneration, and to which the courts can send such people, instead of turning them loose, as heretofore, with the fine of one dollar and costs.

V. H. L.

Indianapolis, Ind., November, 1916.

The Injunction and Abatement Law in Erie, Pennsylvania. The Public Morals Committee of Erie, Pennsylvania, representing the members of the Men's Inter-Church Federation and the Erie County Branch of the American Federation of Catholic Societies, was organized early in 1916 when it became apparent that the city administration had adopted the policy of an open town and was making no effective effort to check prostitution, gambling, and violation of the liquor law.

A newspaper account says that matters were brought to a head, when an afternoon paper reproduced a card bearing the name of a police department investigator which the madam of a house of prostitution said he had left with her; he had told her "if she got into any trouble to call him and he would see that everything was all right."

The Public Morals Committee began an investigation early last spring, and as soon as sufficient information was gathered a sub-committee called upon the Mayor at his office, presented a list of thirty-seven brothels, and asked that he take action to abate them. He replied that he was doing what he could to keep the town clean but made no promise of definite action. The Morals Committee, after waiting forty-eight hours to give the Mayor opportunity to do something, served upon the madams and owners of property occupied for purposes of prostitution notices as required by the Injunction and Abatement Law, calling upon them to discontinue their unlawful business within ten days. These preliminary notices proved effective in one case only. Considerable delay between the serving of the first notices and the application to the court for temporary injunctions was caused by the difficulty encountered in identifying the owners of some of the property in question. It is reported that one woman who owned and operated five houses of prostitution in Erie was doing business under six different names. Finally, however, petitions for temporary injunctions against the owners and operators of the houses in question were presented to the court which granted the injunctions without question. This action proved to be a judicial error as the law permits the issuance of such preliminary injunctions only after hearing evidence. When the Morals Committee petitioned the court to make the temporary injunctions permanent, the point was raised that they had been illegally granted. The court admitted the error, but immediately gave the complainants opportunity to present evidence, issued preliminary injunctions in due form on the same day, and made them permanent the day following.

A French View of Social Hygiene was recently presented by M. Jules Bois before a group of interested persons in the library of the American Social Hygiene Association. M. Bois was sent to the United States by the government of France to strengthen the bond of friendship between the two countries by making known the true spirit of the French people and by developing an interest in the study of the French language and literature in this country.

The French people, he said, have always been devoted to their homes. The depth of this attachment to home life has not been understood by visitors from other lands, who have, for the most part, seen only the superficial side of French life. Nor did the nation itself realize the strength of its devotion to its highest ideals until it was tested by the exigencies and horrors of the present war.

The presentation of the various phases of social hygiene to a people who had not yet reached the point of modern emancipation has been a most difficult problem, which is, however, finding a solution through an appeal to the love of beauty so characteristic of the French nation. It is the idealistic presentation of the beauty of chastity which reached the soul of the Frenchman of today.

The first result of this movement was a strengthening of the ideal side of man's character, accompanied by a growing emancipation of the present generation of women. The French woman of today has progressed in the direction of independence of thought and freedom of action, a thing practically unknown before, and this has compelled a respect and consideration from men which has been a potent factor in stimulating the finer elements of man's nature.

The sense of equality between men and women has developed to the point of recognizing the justice of a single standard of morals: but whether the accepted code of a man's life shall be established as this standard, or whether man shall rise to woman's level remains as one of the most vital questions of the present time.

R. W. C.

The University of Wisconsin Advises Freshmen. In a booklet of information for freshmen, Dr. S. H. Goodnight, Dean of Men at the University of Wisconsin asks the question "How are you going to start?" and says:—

Well begun is half won. If you can pass through the first semester at the university without being dropped for poor work or placed on probation, it is proof positive that you are not lacking in ability to finish a four-year course in a creditable manner and the probabilities are that you will. But, unfortunately, fellows with plenty of ability often fail *because they don't get started right.*

Directions and suggestions follow for such practical matters as the choice of rooming and boarding places, "Getting on with the Landlady," care of money and means of earning it, sharing in university activities, and the like. The paragraphs on "Temptations" are quoted for their social hygiene content:—

Temptations. (a) Loafing—an easily acquired and very pernicious habit. Beware of a crowd of “good fellows” who have it, it is alarmingly prevalent and frightfully contagious. (b) Depending on someone else to help you do your work—nobody can “show you how” to be an athlete, you must train and practice in order to excel; nobody can “show you how” to be a student, you must do your own studying. (c) Cribbing— $a=b=c$. The disease sets in after the moral tissue has been sapped away and the backbone has been replaced by a shoe-string. The Faculty Committee on Discipline has a drastic remedy which rarely needs to be applied more than once. (d) Smoking—a treacherous and insidious habit that soon develops to the point of dulling both physical and mental alertness in growing youths. Let it alone. (e) Profanity—a useless, inane habit which stamps the habituee as of low ideals and vulgar mind. Shun it. (f) Drinking—a fatal vice which is happily on the decline. Student drinking has decreased enormously in recent years. Practically all student organizations have taken a stand against it. The student drinker can’t maintain himself, and he either stops drinking or leaves college. (g) Lewdness—nothing more speedily stamps a student in a co-educational institution as an undesirable academic citizen than lack of high regard for womanhood as evidenced by questionable female associations. On this point, too, public sentiment, so long indifferent, is being rapidly moulded. Clean living and respect for women are now being recognized as essentials, not as mere embellishments, of “college spirit.”

These temptations are not indigenous to any one locality. They are not new to you. You have met them all in high school. But you had the safeguards of home to aid you in overcoming them. Alone in a strange town they will present themselves to you more persistently than before. There is no talisman which can protect you from them; you cannot hide from them. Meet them you must, and it is only by meeting them squarely and in overcoming them directly that you can gain that measure of self-mastery which is the end and aim of true education. And no weapons for overcoming temptation have as yet been invented which are half as effective as a whole-souled interest in the work of the classroom, intensive application to one’s studies during study hours, and as recreations, wholesome reading, out-door exercise, and the cultivation of one of the student activities.

Disturbing Conventions. Miss Jane Addams writes, in *The Survey* for October 7, under the above title, of the changing attitude among women toward the illegitimate child and its mother, as a “contemporary modification of an age-old tradition” containing “evidences of that new chivalry of women for each other, expressing protection for those at the bottom of society.”

For years fierce maternal affection for their children and a desire to protect the home have led mothers all over the world to ostracize the “bad woman” and her children. Gradually, however, pity for these little children who are brought into the world handicapped by

the stigma of illegitimacy and who must be fed and reared, is bringing about a new order which is seeking to right the former wrongs.

Miss Addams tells of a few instances that have come to her notice where women, breaking through the conventions that have bound them, are caring for the illegitimate children of their own sons and daughters and are thus making real progress in the solution of this great problem.

Wherever the "woman's movement" has gone with its revolt against injustice we find the strong, noble women rising to help their weaker sisters, returning to that "idealized version of chivalry which was the consecration of strength to the defense of weakness."

The Shield—A Review of Moral and Social Hygiene. *The Shield*, published by the British Association for Moral and Social Hygiene, is being issued, beginning with April, 1916, as a quarterly review of convenient size and pleasing appearance. The scope and variety of its contents are enlarged and the two numbers already issued are filled with valuable and interesting material. For example, in the April number, the Report of the Royal Commission on Venereal Diseases is discussed; Dr. Helen Wilson presents a paper on Hospital Accommodations for Venereal Diseases; John Cowen, well known for his work for the repression of prostitution in the Far East, writes of the moral and medical problems of military camps; among other topics are "The Problem of the 'Undesirables,'" "A Training Colony for Women," and "Women Police." The July number has studies of sex education by Miss Norah March and C. C. Osborne, of alcohol as a cause of venereal diseases by Dr. J. T. Dodd, and other valuable papers on social hygiene topics.

The Shield was first issued as a weekly in 1870, and has been issued as a monthly, a fortnightly, and a quarterly. Since 1909 it has been under the editorship of Dr. Helen Wilson. Founded to oppose the "infamous Contagious Diseases Acts and to proclaim their futility, injustice, and immorality," it has consistently labored against all forms of official regulation of vice and for the eradication of prostitution. In its new form it gives promise of increased usefulness and influence. It is published at 19 Tothill Street, London, S.W.

The American Journal of Syphilis. The publication of the first number of a new quarterly journal under the above title is announced for January, 1917, to be devoted to the study of syphilis in all its phases. Original articles dealing with the work of investigators will be featured,

and it will be the purpose of the editors to make the magazine cover the field of syphilology in a thorough and timely manner. Social hygiene workers will be especially interested in the department "The Social Aspect of Syphilis," of which Wm. A. Pusey, M.D., of Chicago, is editor and A. Ravogli, M.D., of Cincinnati, W. F. Snow, M.D., of New York, and W. C. Rucker, M.D., U.S.P.H.S., are collaborators.

The journal is to be published by the C. V. Mosby Company, St. Louis, Mo. Loyd Thompson, M.D., Hot Springs, Ark., is managing editor.

The Morals Court of Chicago. The Institution Quarterly, an official publication of the state of Illinois, contains in the issue for September 30, 1916, a report by Dr. Anna Dwyer of the Chicago Morals Court. Dr. Dwyer is the physician of the Court and her statement, therefore, concerning the medical phases of the Court's work is authoritative.

Her recommendation that girls be taught useful trades in the public schools is clearly in line with the attempt to prevent the continual recruiting for the purposes of prostitution of young girls whose lack of training and discipline makes them particularly susceptible to moral failure. Dr. Dwyer says:—

The Morals Court of the city of Chicago, dealing primarily with statutory offenses against society, has in the past year heard cases against several thousand women offenders. Of these offenders nearly three thousand have been given physical examination by the physician of the Morals Court, whose work has been established for the double purpose of giving aid to the diseased and of securing a medical history of each patient with a view toward determining some method that might ameliorate present conditions of society. . . .

The examinations conducted in the Court went far toward determining the causes of prostitution. Principal among these are the lack of parental control, and alcoholism. The average age of the prostitute examined has been 26. One-half of the number examined have been among the Court "repeaters." The occupation of these women seems to be allied with their condition in some way, for the greater number were waitresses, followed by laundresses, chambermaids, houseworkers, scrubwomen, seamstresses, manicurists, nurses, clerks, housewives. The higher the requirement demanded of women in trade, the less likelihood there seems to be of their becoming prostitutes. Most of the offenders have no occupation. After them come, in ratio, the women of the unskilled trades.

Of examinations made this year by the physician to the Morals Court, 2873 were for venereal disease. Of these, 1080 had suffered from gonorrhea; 670 from syphilis; 703 were drug users.

Contributing causes of prostitution: Loss of one or both parents; lack of parental control; love of fine dress; lure of vicious men; influence of bad women; alcoholism.

Occupations: Waitress, 454; laundress, 264; housework, 201; cooking, 36; chambermaid, 34; seamstress, 54; prostitution, 193; manicure, 24; nurse, 12; clerk, 16; housewives, 286.

The necessity for food, shelter, and clothing for these women demands that some provision be made for their care. The establishment of some business that would yield them employment is one of the needs of the social problem. Even with their limited training they would be able to do laundry work, garment making, or garment cleaning. This business might be made not only self-supporting, but even profitable.

So noticeable is the fact that practically none of the women who are brought into the Morals Court have had any training in self-supporting trades that the lack appears to be closely associated with the problem of morality. It would therefore seem advisable that every girl in the public school should be taught some useful work. Books are not the only intellectual force in mind training. Tools are quite effective and in many cases children who seem unable to grasp book knowledge become not only manually but mentally efficient through the use of these tools.

For the girls of the city a useful trade, although not a preventative of vice, might readily become a means of regeneration. The experience of arrest and imprisonment would deter many women from repeating the offense for which they were punished, if they had the means of supporting themselves other than by moral offenses. In connection with this problem, it must be remembered that among habitual offenders vice is a business, a means of livelihood.

An Australian Report on Venereal Disease. The Committee of the Australian Parliament appointed to consider a report on causes of death and invalidity presented in May, 1916, a report on venereal diseases which seems to have been influenced strongly by the report of the British Royal Commission on Venereal Diseases. It presents the essential facts in regard to syphilis and gonorrhea, with especial reference to results, prevalence, and treatment, and makes recommendations including educational work, the provision of free diagnosis and treatment, repression of prostitution, legislation making the reporting and treatment of venereal disease compulsory, and continued research regarding these diseases.

The report says:—

Educational. An educational movement is of the highest importance. Every boy at a certain stage should be taught the lesson of clean-living and continence, that the continent life is the right life, the healthy life, the safe life, while the incontinent life is degrading and full of danger. The continent life is not without its troubles, but they are of little account. Nature has provided for the

escape of any accumulating secretion, and the simple acts of involuntary emission are perfectly harmless. They become harmful only when dwelt upon as something evil. No feeling of shame should attach to them. This statement must not be taken as applying to masturbation, which is a great evil.

The necessary teaching for boys should be given at about the age of fifteen (15). The teaching is best given individually by the father or schoolmaster. Class teaching on the subject is not advisable. School medical officers and chaplains may be of great assistance, but the question should be dealt with as a matter of health and of danger to health.

The widespread notion that incontinence is essential to manliness is untrue. The most manly boys are clean-living boys.

Mature men need instruction which may be given by lecture. Technical and trade schools, for instance, may be reached in this way. All soldiers on enlisting should receive a warning which should be repeated every year. The regimental medical officer is the best instructor. The universities do not fulfil their duties to their undergraduates. A warning should be given at matriculation to every male student. Girls should be dealt with according to their characters by mothers and school-mistresses. In most cases the ordinary moral lessons suffice, but in some cases more explicit warning is necessary.

The continued education of the medical profession and the students entering into it is a prime essential in all questions relating to venereal disease. All forward movement in this matter depends on an instructed medical profession, seized of all the dangers and competent to deal with them. We believe that during the last ten years much progress has been made in this respect in the Commonwealth, and that recommendations that would have been futile ten years ago may now be made with good prospect of success.

Provision of Means of Diagnosis and Treatment. It is essential that full provision should be made for the accurate diagnosis of venereal disease by laboratory methods. . . . Such tests and laboratory assistance should be available for every case without charge. We do not object to the payment of a fee by those who can afford it, but we believe that it would be a national economy to make such tests free. . . .

Those sick with venereal disease should be able to obtain thoroughly competent treatment, including indoor hospital treatment for all who require it. As far as possible this provision should be made in connection with existing general and special hospitals, and should be as free as possible from any stigma, being merely a branch of hospital work. . . .

Venereal diseases are town diseases. Great towns suffer more than small towns, and small towns more than country districts. The provision that is made should be adjusted accordingly. In the great towns special clinics should be provided at the hospitals for patients in the infectious stage, under special staffs with large experience in new methods; and medical practitioners and medical students should be encouraged to familiarize themselves with the practice of such clinics. In smaller towns, the work should be more closely associated with the general administration of the local hospital, and the provision should be less specialized. All such provision should be absolutely free to patients with limited means.

Regulation of Prostitution. We are opposed to any form of Contagious Diseases

Act. Such Acts have not proved effective. The improvement in the British Army came after the abolition of the Contagious Diseases Acts. At least half of the spread of syphilis is due to clandestine prostitution. The danger lies where it is not suspected. Any control of brothels should be under the ordinary police regulations. Any system of harrying scatters the women widely, with increase of the mischief. The Inspector-General of Police in New South Wales states that now in Sydney instead of going to a brothel with a man, a woman will take him to a lodging house, or what is coming to be called "residential chambers." He holds that prostitution is just as bad as it used to be in Sydney, but carried on under a different system.

Solicitation in the streets by men or women should be severely dealt with. At the present time solicitation by women is openly practiced. Men, often well dressed, and evidently not of the poor, persistently accost decent girls quietly going about their business in the streets. Girls attending night classes are frequently molested. If this evil is not repressed, citizens will be compelled to form vigilance committees and to act for themselves.

In addition to legislation for the compulsory reporting and treatment of venereal disease:—

We believe that the following legislation would also be wise:—

1. To provide that if an infectious patient persists in the intention to marry, despite the warning already alluded to, a communication made *bona fide* by the medical practitioner in attendance to the person to be married or to the parent or guardian of such person shall be privileged. The existence of such privilege would probably make such disclosure unnecessary. We are not in favour of requiring a clean medical certificate from both parties before every marriage.

2. To provide that if a person marries while in the infective stage of a venereal disease without giving information before marriage to the other party, and without the knowledge of the other party, such act should be ground for decree of nullity of marriage if action is taken within twelve (12) months after marriage, and without resumption of marital intercourse after discovery. The children of the marriage, if any, should not be illegitimate. This legislation is recommended unanimously by the British Royal Commission.

3. To provide that all still-births should be registered when three months of pregnancy have been completed or when there is a definite afterbirth.

4. To provide for further detention of prisoners found to be suffering from venereal disease, in an infectious stage, on the lines of the New South Wales Act.

5. To strengthen the police laws when and where necessary—especially in order that any solicitation in the streets by men or women may be sternly put down. We believe that such action would do more than anything else to clean the life of the cities and great towns. In this connection the Police Offences Act of New South Wales deserves careful study; but we have already expressed our belief that any general policy of harrying brothels is unwise, and we have drawn attention to the evidence of the Inspector-General of the Police Force of New South Wales before the Parliamentary Committee in 1915.

The Western Australia Act for the Control of Venereal Disease, recently passed, provides for free diagnosis and treatment and contains compulsory and penal provisions. No person other than a physician, or person acting under the direct instructions of a physician, shall attend on or prescribe for any person for the purpose of curing, alleviating, or treating any venereal disease. Every person suffering from any venereal disease shall, within three days of his becoming aware or suspecting that he is suffering, consult a physician and place himself under treatment by such physician. He must keep under treatment until he receives a certificate of cure. If he changes his physician he must declare the name and address of his last previous adviser, and the new physician shall notify such previous adviser. Every physician must report all cases of venereal disease in prescribed form to the commissioner of public health, stating age and sex of patient, but not name and address. If a patient fails to attend his physician for six weeks the physician must notify the commissioner, giving name and address of patient. The physician shall give the patient written notice of the danger of the disease, particularly warning against marriage until cured. In case of a person under the age of 16 years being infected, the parents or guardians are to exercise their authority to secure observance of the act. They must report to the commissioner failure of the person to carry out the law. Penalties of from \$25 to \$250 are provided.

The most drastic provision of the act relates to compulsory examination and treatment. When the commissioner has received a signed statement stating that any person is suffering from venereal disease, and whenever the commissioner has reason to believe that such person is suffering from such disease, he may give notice, in writing, to such person requiring him to consult a physician or produce a certificate that such person is or is not suffering from the disease. If the commissioner is not satisfied with such certificate, he may authorize any health officer or any two physicians to examine such person and report the result to the commissioner in writing. If the report states that the person is suffering from the disease, and the commissioner judges there is risk of infecting others, he may issue a warrant for arrest and detention in a hospital for two weeks. If further detention is deemed necessary, the governor of the hospital on the recommendation of the commissioner, may issue a warrant for the arrest and detention of the person for such time as he thinks fit and for treatment and examination. The detained person may apply for an independent examination by two physicians. The section applies to persons already in prison, and

the hospital detention is to count as part of their term of imprisonment. The warrants issued authorize the use of force to carry them into effect, and the police "shall on sight of the warrant" render all necessary aid, under a penalty of \$100. No person shall knowingly infect any other person with venereal disease or knowingly do or suffer any act likely to lead to the infection of any other person with such a disease, under a penalty of \$250 or six months' hard labor. The commissioner is to provide, free of charge, all laboratory investigation necessary to accurate scientific diagnosis to all physicians. Powers are given to subsidize hospitals for the treatment of the infected, and at such hospitals the treatment shall be free. Every physician in receipt of any salary from the state shall examine and treat free of charge any infected person who applies to him, and the commissioner shall reimburse him under a penalty of \$25. All proceedings under these sections of the act in any court shall be *in camera*, and it shall be unlawful to publish in any newspaper a report of any such proceedings. The penalty for the first offense is \$500 or six months' imprisonment, and for the second offense \$2500 or twelve months' imprisonment.

Advertisements of medicines or appliances for venereal diseases, impotence, or female irregularities are prohibited. No circulars, books or printed notices may be circulated by hand, exhibition, newspaper, or by the post. Finally, the government has issued a booklet on venereal diseases, so that ignorance cannot be pleaded as an excuse. The manner in which they are contracted, the symptoms, and the precautions to be taken by infected persons are described.—*Journal of the American Medical Association*, September 2, 1916.

A Wassermann Survey on 500 Apprentice Seamen. This study by C. B. Munger, Passed Assistant Surgeon, U.S.N., and published in the *Naval Medical Bulletin* for October, 1916, was prompted by the study of the *Prevalence and Prevention of Syphilis* by Captain Edward B. Vedder, Medical Corps, U.S.A.¹ and is based on 500 Wassermann blood tests on accepted recruits stationed at the Naval Training School, San Francisco, Cal. At this station men accepted by the recruiting officers in the western part of the United States are reexamined and those found not to be physically qualified are discharged. No known syphilis are retained. The examinations in question were made on accepted recruits with less than one week's service.

¹ SOCIAL HYGIENE, Vol. II, No. 3, July, 1916.

Surgeon Munger compares his results with those of a similar study made at Fort Slocum upon Army recruits, as follows:—

PLACE	TOTAL EXAM- INED	++		+		+-		-	
		Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
Naval Training Station.....	500	5	1	3	0.6	0	0	492	98.4
Fort Slocum.....	500	35	7	48	9.6	54	10.8	363	72.6

The difference in the results of these two stations, that is, 15 per 1000 for the Navy recruits and 16 per 100 for the Army, is regarded as "almost unbelievable, but is probably accounted for by the age of the recruit," which is, for the Navy study, 19 years.

Three hundred and sixty-five or 73 per cent., were under 21. Among those giving the double-plus reaction all were over 21. Two were 21, one was 22, one was 23, and one was 29 years of age. Among the 365 men under 21 only two gave a positive reaction, while from the 135 over 21 six gave at least a plus-one reaction.

Vedder states that "609.67 per thousand of all the recruits accepted during the fiscal year 1913 were 24 years of age or under and the ages 21 and 22 furnished the largest number." From a study of the tables I should say fully 75 per cent. of Army recruits are over 21 years of age, while nearly 75 per cent. of Navy recruits are under that age.

Of course it is expected that there will be more cases of syphilis among men of 22 years of age than those of 17, but one hardly looks for the four years between the two ages to account for the great majority of syphilis.

Another factor which may influence the result is leaving home for the first time. A great number of our recruits are brought to the recruiting office by parents or guardian, handed over to the recruiting officer, and transferred to the training station. These boys are under age and have had few opportunities for staying out nights and drinking intoxicating liquors. Men between the ages of 21 and 23 have probably been away from home for a year or two and have already passed through the wonderful experiences to which apprentice seamen take so kindly.

It appears from a study of the official reports of admissions for syphilis for several years past that the relative number of admissions in the Navy during the five years is about the same as that of the Army. From a survey made at the Army laboratory, it is estimated that 16 is the percentage of probable syphilitics in the Army in the United States. Now if the percentage of admissions is the same, we may assume that the number of syphilitics is the same. Therefore, while the percentage upon admission to the Navy is only 1.6 it soon reaches 16.

If these figures are all true, the majority of cases in the Navy are primary while those in the Army are probably readmissions of the disease contracted prior to enlistment.

It must be remembered that the recruits examined by each laboratory were to all purposes civilians—that is, they had been in the service only one week, or less than the incubation period for syphilis. Also that among those of the average age for entering the Navy we find 16 per 1000 are probably syphilitics, while among those of the average age for entering the Army we find ten times that number, or 16 per 100.

Boys entering the Navy soon contract enough syphilis to bring the percentage up to 16 and boys in civilian life do the same thing. In other words one out of six boys will contract syphilis before he is 23 whether he is in the service or out.

A few conclusions drawn from this report are as follows:—

The majority of accepted recruits, especially those under 21 years of age, are free from syphilis.

About 15 per cent. contract syphilis soon after entering the service.

The percentage of syphilis is about the same, at least not less, among civilians as it is among military men.

The majority of men who contract syphilis become infected some time between the seventeenth and twenty-third years of life and service conditions have little if any influence.

The Navy is much more responsible for the health of the personnel than the Army for two reasons: First, because the men are much younger when enlisted; and, second, because the majority have no syphilis prior to entry into the service.

The prevention of syphilis in the Navy is directly dependent upon some form of prophylaxis and not upon the selection of the recruits, as seems possible for the Army.

Prophylaxis. We now can see the difficulties to be encountered if we would decrease the amount of syphilis in the Navy.

Apparently different forms of prophylaxis have given good results, but if we stop to think, it has been most efficient among older men who have perhaps experienced some form of venereal disease and have had the necessary mental impression to make them careful. A boy of 17 or 18 takes a sex lecture as a joke and by the time he has learned his lesson it is too late.

Prophylaxis to be efficient must be applied before the boy leaves home and must be in effect during the dangerous stage from the seventeenth to the twenty-third years of his life or until he has reached the age of discretion. Instructions and lectures may teach him to be more careful and may lessen the number of exposures, but his judgment is poor.

In 1914 we had 53,016 sick days charged to syphilis, with a daily average of 145, almost enough to run the entire Navy for one day and quite enough to keep the gunboat *Annapolis* in commission for the entire year. It would appear then that prophylaxis should not be neglected and that the responsibility can not be shirked by calling it misconduct. Bluejackets are not different from other men and as there is bound to be a certain number of exposures, it would seem to be our duty to those of the next generation to at least give them a healthy body to start with, no matter how radical a measure may be necessary.

The British National Council for Combating Venereal Diseases in its first annual report, June, 1916, defines its aims and objects as follows:—

1. To provide accurate and enlightened information as to the prevalence of these diseases, and as to the necessity for early treatment.
2. To promote the provision of greater facilities for their treatment.
3. To increase the opportunities of medical students and practitioners for the study of these diseases.
4. To encourage and assist the dissemination of a sound knowledge of the physiological laws of life in order to raise the standard both of health and conduct.
5. To coöperate with existing associations, to seek their approval and support, and to give advice when desired.
6. To arrange, in connection with such organizations, for courses of lectures, and to supervise the preparation of suitable literature.
7. To promote such legislative, social and administrative reforms as are relevant to the foregoing aims and objects.

Lord Sydenham, in his address as President of the Council, reviewed the work of the Royal Commission on Venereal Diseases, of which he was Chairman, and said:—

The forces that can be brought to bear against these diseases are many, and all are needed. The promotion of purity of life by religious and moral teaching, and by inculcating the sense of duty and of chivalry, can give powerful aid to the cause. Temperance, healthy exercise, and wholesome literature are invaluable allies. Social and economic conditions, and decent housing, perhaps, especially, are all factors of great importance which must never be forgotten: but complete victory can be attained only by stamping out existing disease and preventing, so far as possible, its transmission. The State can play its part in various ways, and to provide early, free, and easily accessible treatment is now the plain duty of the Government.

The Council is providing lecture courses for women social workers and teachers which include not only various phases of the venereal disease problem, but also such subjects as the eugenic ideal, biology and parenthood, parenthood and the coming generation.

Syphilis and Annulment of Marriage. The New Jersey Court of Chancery held, on April 1, 1916, in the case of *K. vs. K.*, 97 Atlantic Reporter, 490, that the mere fact that one party to a marriage had contracted syphilis at the time of the marriage is not ground in itself for annulment. There must be convincing evidence not only that the defendant had syphilis at the time but also that he knew he was suffering from the disease and that he fraudulently concealed that fact. While the case involved no new legal proposition it is significant because the Court held that although the defendant was informed by the physician that he had syphilis, his denial, coupled with an apparent

doubt on the physician's part of his diagnosis, was sufficient to overcome the charge of fraudulent concealment. The opinion reads in part as follows:—

Foster, V. C. This bill is filed to have the marriage between complainant and defendant annulled upon the ground that at the time of the marriage defendant fraudulently suppressed the fact that he was then afflicted by the disease called syphilis. A few days before the wedding defendant consulted a physician. From his examination the physician found a sore which he says might have been a usual sore or syphilitic, and he suspected it to be a syphilitic sore. He told defendant of his suspicion and he denied that he had been exposed to syphilis. From the evidence of the two physicians who testified for complainant it appears this disease can be contracted in many ways by a person innocent of wrongdoing, and that it was possible at the time Dr. Feldman examined defendant for him to have had syphilis and be honest in his belief and denial that he did not have it.

It further appears from the progress of the disease in defendant's case that he was undoubtedly syphilitic when he consulted Dr. Feldman, and it also appears that some years after this consultation a blood test was made and defendant was pronounced by a specialist as positively afflicted with the disease, although he strongly denied it.

The parties lived together until September, 1914, when complainant, convinced, notwithstanding defendant's repeated denials, that he was suffering from this disease, left him.

The jurisdiction of this court to annul a marriage for fraud was determined by the Court of Errors and Appeals in *Carris vs. Carris*, 24 N. J. Eq., 516, and on this authority Chancellor Magie, in *Crane vs. Crane*, 62 N. J. Eq., 21, 49 Atl., 734, granted a decree of annulment because of the husband's concealment of his syphilitic condition at the time of his marriage and of his knowingly false denial of his condition prior to the marriage when asked about it.

As stated, the evidence is convincing that defendant was affected with syphilis at and before the time of the marriage, but it was held by the learned chancellor, at page 27 of 62 N. J. Eq., at page 736 of 49 Atl., in the *Crane* case, that:—

The mere existence of that foul disease (syphilis) in one of the parties to a marriage contract, although it tended to render, and upon discovery would render, impracticable the purpose of marriage, would not, in my judgment, justify a decree annulling the marriage.

And he added:—

It must therefore, in my judgment, appear by appropriate and sufficient proof that the defendant either represented to complainant that he was free from syphilis or that he concealed the fact that he had syphilis when he was in duty bound to disclose it.

Complainant's case rests upon the assumption, as it afterwards developed by the progress of the disease, that defendant was syphilitic, and that the disease in 1914 had reached a stage that clearly indicated that it had been contracted prior to the marriage, defendant must have known, when he consulted Dr. Feldman, the nature and cause of the sore upon his lip, and that having such knowledge he fraudulently concealed the fact from the complainant when it was his duty to disclose it.

The evidence does not support this assumption. On the contrary, defendant denied to the physician that he had the disease, or that he had been exposed to it. The physician from his examination was suspicious that the sore was syphilitic, but was not certain about it and did not feel he had sufficient facts on which to base an opinion or to justify him in communicating his suspicion to complainant or her family. It is established that the disease can be contracted innocently of wrongdoing, and one not a physician might be affected with syphilis in its earlier stages, at least, and not know it. Because of the possibility that defendant may have contracted the disease innocently, and the further possibility that he could have the disease in its initial stage and not know it, I am unable to find anything to warrant me in determining that the only and the correct assumption arising from the evidence is that at the time of the marriage and prior thereto defendant knew, or must have known, that he had syphilis, and that having such knowledge he concealed the fact from complainant.

With the United States Troops on the Mexican Border. When our National Guard organizations were mobilized on the Mexican Border, the American Social Hygiene Association and other welfare agencies recognized the social and moral problems likely to arise and took immediate steps, with the coöperation of the military authorities, to combat sexual immorality and prevent the spread of venereal disease. It appears from the reports of observers that these efforts were well worth while, though in some towns in or near which camps were situated the record as regards prostitution has been undeniably bad. Most of the actual work in and about the army camps was done under the direction of the International Committee of the Y. M. C. A. which provided lectures on the venereal diseases in their relation to the individual and the community, presented the photo play "Damaged Goods," distributed nearly 100,000 copies, supplied by the American Social Hygiene Association, of Dr. Exner's pamphlet *Friend or Enemy*, written especially for the purpose, and Dr. Belfield's *Sexual Hygiene for Young Men*, and did effective preventive work by supplying means for decent recreation for the soldiers' hours of leisure. The military authorities gave to this work their hearty coöperation and also provided social hygiene talks by members of the medical staff.

It is reported that the men of the several military organizations received such talks both by military surgeons and civilians with marked interest and that to these efforts is to be traced much of the satisfactory medical record. The use of medical prophylactics was insisted upon by the military authorities, and has been the subject of comment both favorable and unfavorable. How far it has been a factor in reducing venereal disease can not now be determined.

Two incidents are of especial significance as illustrating the trend of feeling among progressive military officers. In answer to the charge that he had refused to station troops in Austin, Texas, unless a segregated district were established there, General Frederick Funston wrote as follows:—

I am very glad indeed . . . to deny absolutely and unequivocally certain views that are said to have been held by me on that subject. I understand that it has been claimed that I viewed with tolerance the existence of these places because I thought them necessary for the contentment and well-being of the soldiers. I assure you that my opinion is exactly the opposite and that hereafter, so far as I can have any influence over the stationing of troops along the border, I am going to give the preference to those cities and towns where the best moral conditions prevail. I have never in all my life held or expressed any views that conflict with these.

Major General L. Ryan, in command of the New York State troops, issued orders forbidding all use of intoxicating liquor and all patronizing of immoral resorts. Commenting on these orders and their results *The Rio Grande Ratler*, printed weekly by the New York division, says:—

This is a real record. It is what the General refers to when he says we have been making history in greater measure than any of us appreciate at this time. We have demonstrated that United States soldiers can live three months in camp without losing more men than they would lose in three months of fighting.

Group Study Courses. The University of Texas, Department of Extension, Group Study Courses provide material, including detailed program of work, selected reference libraries, and lectures by the director of the course for groups of persons who wish to undertake a year's work along definite lines. The primary object of these courses is to encourage clubs or other groups to center upon some definite course instead of scattering their energies over several more or less disconnected topics during the year. Two courses under the direction of Dr. Wolfe, of the Department of Economics and Sociology, are of special interest for their social hygiene features: "*Social Problems*. A survey of some of the deep-seated social problems of our time" and "*The Sociology of the Woman's Movement*" including the biology and psychology of sex; the traditional ideas, and the present state of opinion on this subject; the family and marriage ideas; women and ethics—the influence of sex upon the development of morals; the double standard; the social etiquette of sex.

A Correction. In the article on "Prostitution and Mental Deficiency" by Walter Clarke which appeared in the June, 1915, number of SOCIAL HYGIENE, the author says:—

An investigation, which was made under the auspices of the Virginia State Board of Charities and Correction, presents a very high percentage of aments among the prostitute residents of the Richmond red-light district. Of one hundred and twenty persons tested, the examiner found forty-two or 35 per cent. to be imbeciles, and fifty-eight or 48.3 per cent. to be morons. That is, one hundred or 83.3 per cent. were mentally defective and only twenty or 16.7 per cent. were declared normal.

The report from which these figures were taken was provided by the Virginia State Board of Charities and Correction, but the investigation referred to was not made under the auspices of the Board, but was taken over by the Board and utilized later in preparing an article for a special bulletin entitled *Mental Defectives in Virginia*. The percentages given in the revised edition used by the State Board are: Feeble-minded, 71.6 per cent; normal, 28.4 per cent.

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IN DEFENSE OF RADICALISM¹

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When I assert that social hygiene was radical at its inception and is destined to continue radical so long as it serves a useful purpose, some of you may experience a sense of distrust because radicalism is in disrepute. But I purpose to show that radicalism as such serves certain fundamental purposes in the evolution of society, and that it is linked closely with the questions which we are to discuss this afternoon. There are many, it is true, who deplore radicalism in the movement today. These, it would seem, think that a decade has raised us to the crest of the great divide and that we have but to roll quietly into the promised valley. But our efforts concern a profound change in the most intimate and personal aspect of individual conduct as this relates one individual to another; we are at grips with a problem which reaches down into and ramifies so completely through human life that no man can yet tell surely how far its roots may have grown. We are dealing with age-old prejudices which have become fixed opinions. Even to shake such opinions will require a courageous and continuous radicalism.

Radicalism of thought is sorely needed on questions pertaining to the relationship of the sexes today. Are the current

¹Chairman's address at a public meeting on ways and means of public education regarding social hygiene, Annual Conference of the American Social Hygiene Association, St. Louis, November 21, 1916.

opinions defensible under modern conditions? Education and economic pressure are rapidly changing the status of women, and this must be retroactive on marriage. We must redetermine the function of marriage. Is it to safeguard children or to protect individual morals? Or is it merely better to marry than to burn? We must argue out a rational basis for our judgments on the point of birth control. Why should birth control be encouraged, tolerated or repressed? These and other similar issues rise from foundations common to social hygiene.

At any point in social evolution individuals pattern their conduct according to various accepted codes; their reactions are essentially involuntary. Now the abrupt assertion that an accepted code of behavior is wrong, whether it be true or false, stimulates thought and leads to a revision of ethical standards. When people think, they talk, and discussion crystallizes ideas. As individual ideas become defined the way is opened for a new consensus of opinion, for a new code of behavior.

Discussion has gone forward on certain questions in this field, and the outcome is encouraging. The toleration of segregated vice is giving way to the conviction that the method is without merit; the foreshadowed evils of scattered prostitution have not appeared where the police have acted in accordance with the new conscience. Vicious practices on the part of men, which used to be regarded as emanating from a sexual necessity, are now no longer generally condoned because discussion has extended the belief that such conduct is but the expression of a desire, the repression of which is without evil consequences to health. The infectious venereal diseases, long regarded as beyond the scope of public health authorities, are now on the list of diseases which must be reported in many places, and in some places treatment is compulsory.

In addition to stimulating thought, radicalism has the further function of forcing people to definite opinions. It develops new ideas and leads to public discussion. This in turn drives people to take a stand. Even when the stand so taken is antagonistic to the proposal, it is indicative of advance, because indifference is never associated with change. We can not

have motion forward without friction, and friction comes, in this case, from the mass of human particles, one part insisting upon movement, while another part resists such movement. Opposition to radicalism is thus an encouraging sign. It is like the purring of the kettle, and indicates that we may shortly have tea.

But, alas, no good comes unalloyed. Radicalism is so sharp a stimulus that it sometimes provokes ill-considered action. The maternal instinct for the relief of a sick child may well be wrong in the application of a remedy. Nevertheless the will to act in the emergency is an essential feature for the welfare of the child. Similarly radicalism stimulates the will to act, and in the social hygiene movement this is an essential prerequisite. As an example of the error into which those who would stem the ravages of venereal disease have fallen, continental regulation may be cited. In this case the woman, offending because she had contracted disease, was locked up. It was thought thereby to isolate the focus. As with a lens there are two foci, so in the spread of venereal disease there are always two foci. The removal of one female focus only accomplishes the creation of another through a new medium, for the spread of disease. The consequences of this error accentuate the difficulties of the problem by encouraging the play of masculine appetite.

Heretofore, social hygiene in this country has concerned itself with an effort to make clear to the public the nature and consequences of the venereal diseases, and in doing so has disseminated knowledge concerning diseases and social conditions which previously had been confined strictly to medical and criminological circles. The result of this policy ten years ago was a violent social reaction. A considerable proportion of the medical profession was antagonistic. A complicated situation was involved. The ethics of the profession, largely based upon the relationship of the physician to his patient, appeared less ethical when the consequences to the community were considered. Furthermore, although the essential facts could not be denied, the deductions therefrom and the attempts at numerical definition of the prevalence of venereal disease, were promptly questioned. This

latter objection was largely technical. Nevertheless, in conjunction with an established habit of mind, it was sufficient to determine the attitude of many conscientious practitioners.

An additional factor influenced physicians and the general public alike. To bring out for public discussion a subject so intimate and personal, shocked human sensibilities. Pornographic reference to the numerous phases of the question, under restricted conditions, was tolerable, and sometimes entertaining. But a cold and open discussion, it was stated, especially before mixed audiences, would destroy that modesty which was synonymous with virtue. Many conscientious parents, dominated by tradition, believed that it would stimulate dormant emotions in young people, which, if aroused, might lead to utter ruin. In addition, they feared that the information, even if correct, would deter young women from marriage, or arouse a questioning attitude incompatible with matrimony. Indeed the method was an irritant upon the social body so powerful that many thought the normal functions of society would be forever upset.

But, in spite of this somewhat painful reaction, a goodly number of people, including physicians, foresaw the problem with sufficient clarity to support whole-heartedly the germinating movement. It may very properly be inferred that the audience this afternoon represents this group. It is to the credit of this radical element in society that much has already been accomplished, and as regards certain aspects of the problem on which public opinion has not yet finally spoken, there is evidence of a state of flux.

From the standpoint of radicalism, however, social hygiene is now dormant because the public has become accustomed to public discussion of the subject, and individuals composing the public have either taken or rejected the facts presented. It may be that a period of dormancy must intervene between periods of activity. But this is not the concern of those who would further the social hygiene movement. It is the task of social hygiene to press forward the inquiry into social conditions, and to keep the public mind aroused and vigilant as to the ways

and means which may be proposed as restoratives of social health.

The program of the afternoon has been designed to such an end, and the discussion will lend itself to the creation of a constructive plan of work such that the radical stimulus to action, so essential to progress, will be curbed, and prevent us from falling into the errors which bestrew our forward path. In this connection, it will not be amiss to stress a recent case in which the radical spirit has been productive of very serious consequences. You will at once appreciate that I refer to individual prophylaxis.

The eagerness to meet the purely medical aspects of venereal infection in the arms of our public service without due regard for the broader issues involved, has resulted in the introduction of medical prophylaxis for men. The purpose of this procedure is, as you know, to protect men who expose themselves to infection. I need not detail the method. It is sufficient to state that while effective, it is not always effective. You will note in the first place that the principle defending this attack upon venereal disease is essentially the same as that defending the hygienic regulation of prostitution. It is an effort to treat the individual without regard to the effect on society. In effect, the proponents of both methods say that, while we can not guarantee protection, we may hope to reduce the sum total of disease by safeguarding individual exposure. The statistics of our army appear to support such an assertion although the Surgeon-General's Report is careful to point out that other factors may probably have contributed to the improved conditions.

The significant fact is that venereal infection remains one of the major causes of incapacity in army life. Between the chance of injury in the application of this prophylactic measure, thus facilitating the lodgment of the causal agents of disease, and the chance of carelessness or neglect of its use, there is abundant opportunity for failure. But granting success in many individual cases of exposure, we should wish to know the educational effect of the method. Statistics can not, or do not, throw light on this point. There is no doubt in my mind, how-

ever, that it results in a vastly increased amount of sexual promiscuity. As, in the case of reglementation, the false sense of security from disease contributed to the encouragement of the gratification of sexual appetites, so, under individual prophylaxis, we may believe that the average young man, alive to practical and selfish rather than to ethical considerations, will find a justification of habits which he would otherwise regard as dangerous to himself.

The application of individual prophylaxis to civil life has even more serious consequences. Whatever coercive deterrents may be in force under a military discipline can, with difficulty, find place in our modern community life, and the medical vultures who soar over the heads of untutored youth will find a heaven of industry and profit. But the worst and most hideous consequence of all is taking the abuse of women for granted. The neglect of this last feature is associated with the discarded view that the prostitute supply is unrelated to demand and is not affected by every influence which activates the tendencies of men, and goes to prove that the relics of past opinions may be dangerous companions when we consider modern problems.

If the radical spirit sometimes leads us far astray and must be guarded as a sharp blade of effectiveness, it must nevertheless permeate the life blood of the social hygiene worker. He is a leader guiding into new fields of endeavor. We can not move forward by the process of reasoning alone. The experimental method must play its part and the leader instituting new tests of effectiveness requires a radical spirit, a willingness to deviate from the mode of procedure adopted by others. Under such conditions some mistakes are inevitable. In spite of this danger, a sympathetic attitude in those about him is essential. Friction may be withstood if it be not present in every council. We must not let conservatism and discouragement repress our leaders, for even in their mistakes they are at least doing something—which is more than can be said of some of their critics.

On the other hand, since the public assumes the attitude of criticism and condemns the radical, it is itself impervious to criticism, and its progress can not be retarded by criticism. It

therefore follows that the effect of radicalism on the public mind must be wholly good, since it acts as a stimulus to thought, discussion and action. The single exception to this is when radicalism leads to ill-considered action. It is your concern and mine to see to it that such ill-considered action does not take place. The public is a sound sleeper and the alarm must ring loud before it will contemplate the day which is dawning. Publicity methods are radical methods, and although they may seem distorted, they are without doubt cleverly adapted to the psychology of the sleeper.

The happy contemplation of work well done may well give inspiration, but it would be fatal if it relaxed the tension essential for further strife. The dragon slain by St. George had but one cave of refuge; our dragon is established over the fair face of the land and his trenches intercommunicate by devious paths. Some of these have been leveled, and we have trembled at his havoc, but what we have seen is as nothing to what is yet hid in the subterranean passages of his viciousness. Every step of our advance will reveal new horrors to eyes wearied with the combat. To push forward with these thoughts in mind demands a courageous radicalism which the individual too easily loses in such a contest. It may well be that we shall shift the load to younger shoulders for, as Norman Angell has aptly said, "The very young people are the only old people, after all, for their idealism is fresh from the century-old casks. Their wisdom is the wisdom of the masters, unaltered by the pettier curbs of their own experience."

Be this, however, as it may, the papers which are to follow will light for us a new hope. Under the general title of "Ways and Means of Public Education Regarding Social Hygiene," the speakers will not only interject a new radicalism into our deliberations, they will likewise clarify the issues abounding in this difficult but fundamental phase of social hygiene. We shall receive from them that radicalism which is the quick stimulant of thought and of discussion and which activates conservatism from a retarding into a directive force.

THE CALL TO FACE FACTS¹

Knowledge with regard to the evils and the sores of our social conditions is of the utmost value and use when it can lead to action or can by producing sane and wise thinking influence conduct and public opinion. But it would be foolish to deny that there are dangers in the indiscriminate distribution of knowledge. For knowledge is dangerous when it leads to panic and hence to rash and ill-considered action to avert the evils disclosed; it is dangerous when it leads to morbid absorption in horrors, to rash judgments, to a loss of the sense of proportion, to want of charity.

We have awakened to the recognition of a great evil. Women are beginning to understand what the double standard of morals means. Men are being forced to face the fact that it leads not only to the ruin and degradation of vast numbers of girls and women, but to widespread and terrible disease. Ignorance, blindness, and weak acceptance of sin as a necessity have long prevented us from facing this evil, but it can be ignored no longer. It affects society as a whole, it affects the position of women, it affects the relationship between men and women, it affects the very future of the race itself.

The facts must be faced, but they must be faced in a wise and sober spirit which will enable us to understand their true bearing. On the spirit in which we face an evil that we are determined to fight must largely depend the possibility of real success in the fight. In this matter, just because it concerns both men and women so intimately, men and women must fight together. It is not a question of one against the other; both must fight for the common good against a state of things which, because it is disastrous for society as a whole, is equally disastrous for men and women, and the responsibility for getting rid of it must rest upon both.

¹ *The Social Disease and How to Fight It.* By Louise Creighton. Longmans, Green & Co., London and New York.

THE NEW MORAL VIEWPOINT OF THE FRENCH YOUNG MAN¹

JULES BOIS

It is to Carpenter, I believe, that we owe the aphorism "Asceticism is not an end in itself; it is a spiritual exercise." In any event it is not given to all to be ascetic. Indeed those who conform strictly adopt asceticism only at a mature age. Chastity, on the other hand, may be practised at any age.

Chastity is a peculiar state of mind, a spiritual and corporal hygiene, a pure, clean, elevated outlook upon men and things. The licentious see the universe through a thick fog. They are confused; they are baffled; they flounder in the mud of their own creation. The clean-minded man sees clearly, and acts promptly. He is both agile and strong. He is not encumbered by the heavy weight of desire. He has concentrated the impulses of his heart upon a single end which leaves him fresh and gay.

Thus chastity has its place in every life. It is the glory as well of the lover as of the virgin. In both man and woman it is the foundation of the beautiful duty called love. It clings both to husband and to wife. It is the most beautiful ideal that can hover over the lonely traveler through life as he works out his solitary destiny. In the book of Judith we read that her chastity was her strength.

The sun has never yet shone upon the debauchee or libertine who was of any use in the world. Chastity—the chastity of the layman, imperfect though it is—is the daily refreshment of our inner strength; licentiousness, its dissipation. Chastity clears from the eye that veiled appeal whose animal magnetism thrills the passerby. Chastity ennobles our destiny; it affords our impatient souls that peace of plenitude to which they so

¹ Translated from an address delivered in the Library of the American Social Hygiene Association, New York, November 9, 1916.

ardently aspire. The chaste soul is self-contained and prudent, never hypocrite or prude. He knows how to question the mysteries of the origin of life; how to strengthen the bonds of love.

When mankind realizes that the human beings about us should be the source of our inspiration, not the melting pot of our enthusiasm, it will be chaste in love, chaste with love, for more love—less from duty and from obedience than by knowledge and enduring joy.

How melancholy the thought that the native and consecrated immorality of man, and the prescribed chastity of woman, have engendered the harlot! Year by year procurers repopulate the havens of masculine egotism. Who more vigilant than a brother to protect the honor of his sister? Yet how little does she suspect that the security of her reputation depends upon those other poor girls, sacrificed for her safety to the needs of those whom her virtue repels? Alas! that the slavery of the harlot should be the guarantee of purity.

However numerous and specious the arguments to prove that the harlot-slave is a necessary evil, they fill me with shame and disgust. In what strange fashion do we, a people of the highest civilization, calling ourselves Christians, honor woman! In what strange fashion do we forget our own dignity as men! We, the stronger sex, have laid down the principle that our sex instinct can not be interfered with. We systematically profane the triumphant function of love. Even in our youth we stifle the awakening and discourage the practice of idealism. The energy which should be consecrated to the great work of the race and the ennoblement of love, we waste in vile dissipation.

To what intellectual ecstasy may not the young man about to conclude his training aspire! Nourished with the beauty of the past, his imagination filled with the lives and examples of heroes, he is indeed ready for whole-souled devotion. Every noble cause attracts him; he feels in his own heart the heart throb of the universe. Yet at this very moment he is dragged down by custom, diverted from his ideals by his surroundings, forced, as it were, into degradation by his friends, and the habit of the times.

Instead of dreaming only of his mate, of her who shall be the companion of his joys and the comfort of his struggles and his woes, he goes down to the tavern, he dallies with the most contemptible consolation—desolation should be the word. These wretched women—yet we must pity them, for their abasement is due only to their complicity, or rather their enslavement in masculine sensuality—these debauched ones in whom so little of anything truly feminine remains, become the educators of his heart.

At last his degradation is complete. As he takes on manhood the youth accepts as the type of the opposite sex a woman who responds only to those instincts in him which are the least delicate and the least sure. Such indeed is the foundation for the belief in the inferiority of woman.

And when she appears, she who merits the sum of his respect and his affection, this young man, satiated with dissipation, meditative, or distrait, is able to grant her no warmer sentiment than a love mingled with jealousy or indifference, an affection without fragrance. Neither he nor she will reach the intimate exaltation of true and normal joy. The recollection of the harlot will ever stalk between the lovers.

This is the age at which, after the springtime crises, the most generous sentiments burgeon within him. His physical strength and the undefiled recesses of his soul blossom in noble emotion, which impel him to self-sacrifice, to the love of humanity, to enthusiasm for elevated causes, to the practice of devotion, or to the cult of the beautiful. All this, as it were, explodes in him with all the more energy because his physical paroxysms are rare. But these sentiments are rendered powerless by his surroundings, by his education, and by the vague, vulgar, and degrading ideal of libertinage granted or even ordained him. His most precious aspirations melt away in an enervating evening where time is killed and health destroyed in encounters "amorous" only by a profanation of this word. Little by little the young man grows pitifully serene; the flame of triumph is already tempered in those tired eyes which reflect the vulgarity and the promiscuity in which his days and nights have slipped away.

And I must not fail to insist upon the reaction produced by the vulgar harlot. For him she is not only a physical danger, but above all, a moral blot. These cynical creatures who in the words of the poet, "gather up the sins of the world" multiply his physical and psychic woes. They teach him to mistrust woman and to forget his mother. That sex, which is the more fragile as well as the more tender, the more readily betrayed as well as the more idealistic, the repository of the joy as well as of the mystery of life, will seem to him henceforth a pitfall of venality, of corruption, and of lassitude.

Thus does the mind of the average middle-class young man become obsessed with the illusion of his own superiority and of the inferiority of woman. Alcohol hastens the disaster. Once the exalted places of thought and emotion are laid waste, life becomes a dead level. His horizon is limited by the setting sun; utility and pleasure are the criteria of his ideals; mediocrity is his fate. His pride is lost, and with it all intense aspiration.

True science has never preached nor even tolerated debauchery. The physiologist Mantegazza discoursed plainly upon the joys of chastity. That young people of both sexes must conquer their passions is asserted by a great number of medical men and hygienists, who see in this the foundation of character and the maintenance of health.

Yet, up to the present time, there has existed in popular morals and customs quite an opposite influence, the disastrous consequences of which we have already described.

What then is the source of this prejudice that chastity, even moderate chastity, is a detriment to a man?

It is due to a preconception founded on a long habit and tradition of unrepressed sensuality. "Young people," says M. Foul, "acquire the notion that continence is an abnormality, if not an impossibility." In many a circle a young man would indeed not be considered a man if he had moral habits. Implant such a notion in an untrained mind and, quite apart from the fact that it may be difficult to root out, it is sometimes even dangerous to combat; for if chastity result, since it is not obtained by voluntary discipline and self-rule, nor by an inward and firm

conviction, it is little more than an unstable physiological state, shaken by a thousand dreams, and often more impure than avowed impurity.

True chastity, such as we have already defined, is quite another thing. It exists in the soul and in the heart before it expresses itself in action or, rather, in order to control action the better.

We may well brave the ridicule so ineptly attached to this subject, fortified with the realization that the best and noblest of men, those who have rendered the greatest services to society, either were chaste or at least knew how to control themselves.

True chastity must not be confounded with insensibility or indifference. It has nothing to do with that tepidity which knows not love. Our passions are noble forces; our desires are outbursts which may be harnessed to the most noble tasks. But the "temperamentally chaste" man, not only fails to acquire any merit himself, but also has small influence upon his associates. The secret of personal magnetism is often a victory over impetuous passion.

To return to the average man, let us not mitigate our feelings by any false modesty, since they are in strict accord with truth. The man who does not seduce women; the man who passes by his "opportunities" (evil opportunities indeed); the man who sincerely respects each woman whom he encounters in life; the man who awaits the leadership of love before attempting conquest, who, as a lover, is true to his beloved, who, having won her love, remains forever faithful; such a one is indeed worthy to be called a man, while the capricious ephemerid, the flitting sparrow, and the poisonous mosquito are pitiful varieties of useless or noxious creatures.

How then shall we combat this misguided tradition among young men?

First of all by the suppression of the false, vile ideal which has become almost consecrated by its general acceptance. Let license no longer be countenanced; let love illumine the horizon of life; let our guide be respect for ourselves and a constant devotion to woman.

This reform must begin at the earliest possible moment, even in infancy, with an intimate, but guarded co-education of little boys and girls, such as permits and encourages the good fellowship derived from profound and life-long intimacy.

Early marriages must be encouraged. Here we must be intrepid and face life with confidence, waiving aside those careful calculations which delay happiness and wither our destiny, recollecting the while that life smiles upon the strong.

Moreover both society and the wedded pair must profit by the energy of love. This energy is usually dissipated fruitlessly or sometimes even with the most disastrous consequences, as a result of that ancient lack of discipline of the passions which custom has attempted to legitimize.

But after all, is humanity ripe for the rejuvenation of love?

That is the crux of the discussion.

No conquest of the ecstasies of a purely physical heaven will suffice. Our spiritual, as well as our physical lungs must breathe the stimulating ether of transcendental heights, clear of all dust and mud.

The ideal of a single standard of morals for the two sexes, of a moral restraint, applied as rigidly to the young man as to the young woman can surprise only those who have not considered the subject seriously. In principle this ideal has been accepted by the most distinguished and the most diverse types among men of all ages and of every country.

This, above all: one can not be a Christian and deny this doctrine.

We read in Ecclesiasticus: "He that joineth himself to harlots, will be wicked. Rottenness and worms shall inherit him, and he shall be lifted up for a greater example, and his soul shall be taken away out of the number."

George Sand—who knew whereof she spoke—in *Elle et Lui* pities more than she condemns the man who has wasted the dawn of his existence.

"Why this frightful chastisement inflicted upon those who abuse the strength of youth, incapacitating them from realizing the sweetness of a truly harmonious and logical life? Is he so

criminal, this young man, cast out without restraint upon the world, with unbounded aspirations and a belief that he can master every phantom that presents itself, every intoxication that allures? Is his sin aught but ignorance? Did anyone whisper to him in his cradle that the struggle of life is an eternal combat against self?"

I have found many passages in *Emile* that rail at our vulgarity of morals, and highly praise the graces of chastity. "We scoff at it only after having lost it," says Rousseau.

The young man often gives way to his evil impulses rather against his own good judgment, and under the pressure of bad example. "He becomes," says Jean-Jacques "dissolute without desire, and a fop through bashfulness." Indeed this philosopher, who combined the experience of vice with the love of virtue, adds that "vanity rather than love creates the libertine."

Buffon approaches the question as a naturalist. He thunders against excesses chiefly because of their debilitating effect upon physique and morals. Tolstoi supports Buffon's thesis in the name of Christianity, and confirms by religious laws "the warnings of nature."

The point of view of Dumas, the younger, is that of a practical and moral layman. He believes that the duty of man is to love but a single woman, to be chaste before uniting himself to her, and to remain faithful thereafter. "It is not by physical possession," he writes, "that one learns to appreciate woman. The first priest you meet, granting his intelligence and chastity and a six months' experience in the confessional, knows woman far better than Don Juan with his list of a thousand and three." The French dramatist, though a Parisian, has shown more daring, one might say, than even the terrible Björnstjerne Björnson, despite his reputation for harshness. *Un Gant* of the Norwegian author depicts a young philanderer of mediocre quality engaged to be married. Thouvenin, in the *Denise* of Dumas, on the other hand, admits flatly that he was chaste before marriage, has been faithful to his wife, and has no regrets.

Those who agree upon this subject are a strange assortment.

On the subject of the double morality Bossuet, for instance,

supports Jean-Jacques. "The worst of our enemies," he writes in his marvelously simple and picturesque style, "are the flatterers, and the worst of all our flatterers are our pleasures. What shame, what disgrace, what ruin of fortune and infirmity of frame follow in the trail of uncurbed seeking after pleasure!"

Sainte-Beuve attributes to early dissipation the miscarriage of many a genius, the downfall of brilliant destinies, the destruction of noble characters. As for Lacordaire, his discourses on chastity are known to every Christian, and the last part of his book contains a passage which is a vigorous diatribe on the subject of the licentious young man.

Free thinkers, social democrats, religious souls, and even those who have been debauched, if they retain any lucidity of intelligence, extol masculine restraint.

We must exhibit greatest moderation in attacking such fixed prejudices. Our beliefs have already made some headway, for our young people are moved as never before by a sense of idealism and personal dignity. Let us not forget that the true object of the soul, the unique excuse for living, is to bestow one's self.

Among the *Septentrionaux* chastity becomes fanatical. Svava in *Un Gant* defeats her sound reasoning and the basic justice of her point of view by her irritating irreconcilability. She slaps her betrothed because he is not entirely innocent. We must admit that she moves us more when she complains and suffers. She would win us altogether if she could forgive his faults for love's sake.

As for Tolstoi, after having criticized the customs of his time with the rapture of a great satirist and prophet, he exceeds all bounds. His dream of absolute chastity, even within marriage, takes no account of the necessary consequences, which would be either the suicide of humanity or a blasphemy against nature which sooner or later would revenge herself by a prodigious wave of impurity.

Let us remain Frenchmen; let us love love; let us remain chaste to love the better thereby.

THE SWORD OF DAMOCLES

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It was hot and sultry in the rooms of the County Medical Society and the general sleepiness of the atmosphere was not in any way relieved by the droning voice of Dr. Erasmus P. Hicks dilating on the superiority of goat's milk for artificial feeding. A few of the older men who felt themselves above criticism boldly stalked out to the cool of the ante-chamber and one by one the youngsters trickled through the door, leaving behind only the occupants of the first three rows and those who had fallen asleep in their chairs.

In the outer room Marcus was holding forth, an alienist of international reputation, noted for a taciturnity which sometimes broke its bonds with the rush of a spring freshet.

"I tell you it gets 'em every time—sooner or later a man has to pay. You fellows see the beginnings of things—the finding of the indictment, as it were—I see the endings—the execution of the sentence. And, God, what punishments! Not only does the man who breaks the law of nature suffer—if that were all it wouldn't be so bad—but the mental and physical agony of the family, yes, and of the generations yet unborn, is something unbelievable. The cruelty of it all! You know how it is; sometimes after a short bodily inconvenience, often not enough to be called an illness, they go on for years in fancied security, even forgetting, perhaps, the sin of long ago. And then the concrete pavement begins to feel like a plush carpet beneath the foot, the gait becomes uncertain in the dark, the lightning pains begin to rend the victim—you know the symptoms. Maybe it's a constant headache; and a round of oculists and internists and sanitariums begins. Then one day something breaks the fine fiber of self-restraint and 'Change wonders

at his absence until the Court appoints a conservator and the name of the asylum comes out.

"Let me illustrate. I can tell it now because he's long since dead and the family all live in Europe on his money. About two years before the fire, I was called into the case as a consultant. Clear case of paresis—in my own mind I didn't give him a year. Asked usual questions about previous history—patient claimed good record—denied any wrongdoing and was upheld in this by the family physician who said they had been intimate for twenty years. Still, it didn't look right to me. I knew the doctor wouldn't lie about it and the patient acted like he was telling the truth. But it piqued my curiosity and afterwards I used to catch myself wondering about it and debating whether I was unjust to the man.

"Well, he got so it wasn't safe to keep him at home so we sent him to Boardman's. One day his wife came into the office to talk about the case; you know how they do; and in some way it came out that the patient had toured Europe about a year before his marriage. This was a new aspect of the case to me so I let her gabble on. She told me what an extensive trip it had been and that he had kept a most minute diary during the entire time, but that she had never been allowed to read it. I felt at once that I must have that book. At my request she searched the house for it—couldn't find the thing anywhere—had his private papers at his office gone over—not a single trace of it. I was considerably put out—made me sore to lose such a chance of proving up and settling the worth of a deduction I believed correct.

"Just as I had about given up and told my curiosity it was an old meddler to start me on such a fool's errand, Boardman writes me that he found a greasy old note book on the patient when he was admitted and that any attempt to take it away from him always made him violent. It was the diary—I knew it instinctively—and I didn't lose any time in getting out to the asylum. Well, after a lot of wheedling I got the book, a little, dog-eared, dirty volume written full of the account of that journey. It wasn't an easy job to read it though. The grease

had soaked through and the faded letters in that methodical business hand didn't stand out very plain on the yellow paper. But I knew I had a human document containing the answer to the question which had perplexed me so long.

"The beginning was about like that of any diary. Resolves to make journey before finally settling down—*bon voyage* dinners—journey to New York—sailing of ship—waving friends on pier—all that sort of thing. Makes an acquaintance on board, young man about his own age—decide they will make the tour together. Cherbourg—Paris—rather gay time—a Mlle. Louise Louis joins party and the three travel through Norway, Sweden, and Denmark together, finally winding up in Berlin about two months after the diary begins. Here the first rift in the lute—the apple has turned to ashes—he feels sick—consults a doctor—is sent to Fournier in Paris. You know what that means. The diary reads, 'Saw Dr. Fournier to-day. I am to return in ten days for my sentence.' Poor ignorant boy, little did he realize the meaning of that sentence even after it had been delivered. From that time on the course of the disease was that of a typical light form, apparently yielding perfectly to treatment—a treacherous viper waiting until it can strike the most telling blow, biding its time until success has crowned years of labor and brought the pleasant anticipation of retirement from active life into the calm and peace of the family home.

"In three or four months the young man thinks he is cured, leaves Paris, completes his tour, and, after a year's absence, returns to New York. That day he made this entry (how it sticks in my mind) 'And thus to-day ends my *wanderjahr*—a period of great profit, much pleasure, and nothing to look back to with regret.' How little impression this awful thing had made on his ignorant young mind! He had already forgotten the worst thing which was to happen to him in all his life. And in the after years nothing occurred to recall it, but always the sword hung above his head. Only one of his sons reached manhood, his only daughter was a chronic invalid, and he sometimes wondered at the puniness of his grandchildren. But he did not see in this the punishment for the sin of his youth nor did he realize

the price he was to pay for this season of apparent immunity. All the time he remained well, pushing his way up the narrow ladder of success, accumulating wealth, gaining civic honors, respected, looked up to, no one apparently so much to be envied. And then the blow fell; but God was kind—he scarcely lived out the twelvemonth.”

There was silence for a moment and then one of the youngsters blurted out: “Wonder what happened to the chum?”

“Well, I did too. So I went carefully through the book again and found his full name and address. I know him well. He’s been in a rolling chair with locomotor ataxia for the past fifteen years, suffering the pains of hell.”

THE ATLANTA CAMPAIGN AGAINST COMMERCIALIZED VICE

MARION M. JACKSON

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Commercialized vice was a problem in Atlanta. The fight against it began in the Executive Committee of the Men and Religion Forward Movement, representing the Protestant churches in that city, and appointed in the spring of 1911 by the Evangelical Ministers' Association.

Its chairman, John J. Eagan, was opposed definitely to the segregation of the social evil at the time of his appointment, but the committee was not wholly of the same opinion, though the majority were in accord with him. But all believed that no step should be taken, nor policy adopted, until a thorough survey of the situation in the city had been made. The subject was referred to the sub-committee on social service, whose chairman was J. C. Logan, secretary of the Associated Charities. This sub-committee was also divided in opinion in the beginning, but their report, based upon their study of conditions, was unanimous in the end.

Their investigation, which was conducted by trained social workers with the assistance of the police department of the city, disclosed that there were forty-four recognized houses of prostitution, a number of assignation houses, and prostitutes in the majority of the hotels of the city. There were only two of the hotels frequented by transients in which meetings were not personally arranged with women by investigators.

Only eleven of the acknowledged houses, it was found, were in the so-called "segregated" or Mechanic Street district. The occupants of four of these houses claimed to own them. The other seven houses in the district paid to their reputed owners annually in the guise of rent \$43,589.50. One house in the

segregated district paid to its reputed owner \$10,000 a year as rent. If located in the most fashionable residence section and rented for legitimate purposes \$1800 per annum would have been an excessive rental for it. These figures explain the secret of why some strongly favor segregation.

There were 265 inmates of the recognized houses in Atlanta. Of these, 104 had never worked for wages. Of the others, 95 had been earning an average of \$5.25 per week. Out of 134 women and girls examined, 20 had earned between \$3 and \$4 per week; 46 between \$4 and \$6 a week; 29 between \$6 and \$8; 16 between \$8 and \$10 a week; 10 between \$10 and \$15; 16 between \$15 and \$20 a week. Between 36 and 37 per cent. of the inmates of the recognized houses had been employed in stores, mills, or factories prior to their fall.

One explained: "I couldn't take care of my baby working at \$3 a week."

The volume of trade in the recognized houses amounted, in round numbers, to \$700,000 per annum.

In the year 1911, 13 girls, under ten years of age, infected with venereal disease were in Grady Hospital, the city's hospital.

The committee on social service reported these facts together with the results of their study of the Chicago and Minneapolis vice reports and of conditions in other cities. They recommended that the Executive Committee request the city officials to appoint a commission to investigate conditions and recommend a policy for the city. The facts had convinced the sub-committee that no policy excepting one of repression of prostitution was possible for any community. The Executive Committee adopted this report.

In accordance with the report, the committee requested the mayor of the city to appoint a commission to investigate. Mayor Courtland S. Winn declined to act without direction from the City Council. The request was placed before the Council, which body by resolution directed the appointment of a commission composed of five aldermen, five councilmen, and five other citizens, to investigate and make their recommendations. The Mayor announced the appointment of the commission in

May, 1912. The Executive Committee placed before the commission the facts and figures disclosed by their investigators.

Rumors and newspaper stories, indicating that a report would be forthcoming favoring segregation of the social evil, and a seeming policy of delay, convinced the committee that a campaign of education through the press was necessary, if progress was to be made. A committee on publicity, composed of John J. Eagan, chairman, John E. White, C. B. Wilmer, W. W. Orr, and Marion M. Jackson, was appointed. Contracts for space in the *Atlanta Journal*, *Constitution*, and *Georgian* were made, and a series of articles under the head of "Men and Religion Bulletins" was begun. These appeared regularly every week, some times more often, giving the facts with reference to the social evil in Atlanta and elsewhere.

The sixth bulletin, signed by fifty-five clergymen of the city, read:—

"It has been brought to the light of public knowledge that there are more than forty houses in Atlanta for gain by public prostitution.

"They exist in the knowledge of the Mayor, the City Council, the Police Commission, and the police force, and carry on their traffic openly as commercial establishments.

"They are scattered around the heart of the city, and, while defying the law and the courts in their traffic, they claim and receive immunity from the sworn officers of the law not allowed other lawless business enterprises.

"In our capacity as citizens and as ministers of the Gospel, we protest against these 'houses in our midst' as in defiance of the law, as corrupting to the public morals and private virtue, and as intolerable to the enlightened social conscience.

"As ministers of God we can not and will not be silent as long as this partnership between the city and vice continues."

Light which was thrown upon the charge that vice was only scattered by the closing of the district would be amusing, if it were not for the tragedy involved when a house opened next to one of the leading churches during the agitation prior to the closing. The church complained. Its pastor had just vacated

the manse. It was for rent. The inmates of the house moved and opened for business in the manse itself.

The day that the twentieth article appeared in the paper, September, 1912, the chief of the Atlanta police force, James L. Beavers, issued an order giving notice that within two weeks from that day cases would be made against the inmates of all of the houses and against property owners, if the houses had not been closed. This order marked the end of the open toleration of prostitution in the city of Atlanta.

There had been no suggestion of graft in the police force. But for more than fifty years, officials, the public, and the churches had, by their silence, permitted the breaking of city and state laws against prostitution. In fifty years, the traffic in women and liquor had reached the mark of \$700,000 per annum. By intelligent investigation, the expenditure of \$2,009.96 in advertising, and by coöperation along lines which educated the public and convinced officials that the blaze of publicity could not be stopped, the ministers of Atlanta had for the time being put an end to the partnership which had endured for a half century between commercialized vice and the capital of Georgia.

The ministers did not stop with the demand for law enforcement. The bulletins had repeatedly stated that assistance and shelter would be given to every woman and girl willing to accept them. The day that the houses were ordered closed \$10,000 was in hand to be used for this purpose. Committees consisting of a minister and a Christian woman visited each house repeatedly and personally invited the inmates to leave their lives of shame.

Many came. Ministers opened their houses to them. The keeper of the largest house in the district accepted the invitation, and subsequently gave \$2500 as the nucleus for a fund to start a home, or place of permanent refuge for fallen women. She today is engaged in Christian work.

Two hundred and sixty-five cases were handled during the crisis; 75 children dependent upon fallen women were given help; 139 of the women came from recognized hotels or houses

of ill-repute; 64 of these were women who had been married, but separated from their husbands; 14 were widows; 52, unmarried; 42 cases were attributed to drink or similar causes; 112 were sent to their homes or given employment.

Until the crisis had passed, a home was maintained known as Martha's Home. The former madame, who made the gift of \$2500, gave it this name because, she said, the hope of the fallen woman was to learn to serve. Evidently the thought with her was inspired by memories, whether conscious or not, of Germany, her native land. As there was no home for wayward girls in Georgia, nor any fit place of detention for incorrigible women, any and all types of girls and women were handled temporarily through this house of refuge.

But Fulton County, where Atlanta is situated, soon provided a suitable place of detention for incorrigibles, and a move was begun to get the state to establish a school for wayward and delinquent girls. Efforts had been previously made to secure this school, but they had failed. At the 1913 session of the legislature of Georgia, a bill was introduced and passed establishing "The Georgia Training School for Girls." Wayward and delinquent girls under the age of eighteen are committed to this school. Its first board, consisting of W. L. Moore, of Atlanta, as chairman, M. Ashby Jones, D.D., of Augusta, Mrs. W. H. Felton, of Cartersville, Mrs. Z. I. Fitzpatrick, of Madison, and W. D. Davis, of Waynesboro, have charge today of a splendidly equipped plant, supported by the state, where seventy-five girls are being trained for useful womanhood. Without the use of paid publicity, backed by the organized demand of the churches, this school could not have been established. Today, those who were its bitterest opponents at the time of its establishment are its staunchest supporters.

Soon after the closing of the segregated district, two of the Atlanta papers, the *Georgian* and the *Constitution*, openly endorsed the move. The commission appointed by the Mayor reported commending the action of the chief of police. But the committee was convinced that steps had already been begun to remove the chief of police, who fortunately held office under civil service.

The Executive Committee, backed by the Ministers' Association, was convinced that the campaign of education through the medium of paid advertisements must be continued for the protection of the chief of police and the holding of the ground gained. The members also felt that so long as the prohibition law was being openly violated, it was only a question of time, if the violations were not checked, before the return of the segregated district.

On the other hand, those favoring the unlawful sale of alcohol and the open town saw the situation in the same light. A chief of police who would close a segregated district would inevitably in time make an end of law-breaking clubs and blind tigers. Either the chief or the blind tigers would have to be eliminated. An examination of the files of the Atlanta papers beginning with the closing of the district and continuing until January, 1916, will disclose the fight for and against the chief of police and law and order.

This situation made the continuation of the paid publicity on the part of the committee imperative. Cartoons ridiculing the police department and articles tending to prove the force inefficient because of the chief's so-called mania for prosecuting women instead of looking after burglars and worse types of crooks constantly appeared. The committee met them with paid articles giving the facts and pointing to the law-breaking in the locker clubs and near-beer saloons.

The fight continued through 1913, 1914, and 1915. In 1915, just prior to the meeting of the legislature in June, when more drastic prohibition measures were expected to be introduced, and when more violent attacks than ever before were being made upon the chief of police, a committee of citizens appointed by a meeting of certain members of the Atlanta Chamber of Commerce, invited the chairman of the Executive Committee and his associates to a conference. At that conference the citizens' committee requested that the publicity campaign be discontinued. They charged that the campaign was hurting Atlanta. The chairman of the Executive Committee, replied that the committee would gladly stop the publicity if the

attacks upon the chief of police would cease and the locker clubs and saloons would obey the law. He urged the committee of citizens to coöperate in accomplishing this. They declined. The chairman then informed them that the publicity would continue. Their reply was that other measures would be adopted to put a stop to the campaign.

They were successful. The police board met one evening. At that meeting charges were preferred against the chief, accusing him of incompetence, insubordination, and listening to outside parties instead of consulting the board in the conduct of his department. The next morning, the last bulletin appeared picturing conditions in Atlanta and the forces working to destroy the chief of police. Thereafter, the three Atlanta papers refused to publish the advertisements prepared by the Executive Committee of the Men and Religion Forward Movement. The committee representing the selected members of the Atlanta Chamber of Commerce had spoken to the press. The press obeyed.

The trial of Chief of Police Beavers by the Board of Police Commissioners followed. He was found guilty. An order demoting him to the rank of captain was passed. He appealed his case to the Superior Court. At the same time a move to recall the members of the police board responsible for his demotion was begun.

The three daily papers took up the fight against the recall. Before the election, the three published statements to the effect that no moral issue was involved; that the segregated district had been closed never to be reopened; that the chief of police was not really involved for the reason that his case had been appealed to a higher court which could be counted upon to give him justice, and that the fight against the police commissioners was merely a work of spleen on the part of a few disgruntled politicians and the fanatics of the Men and Religion Forward Movement.

The recall was overwhelmingly defeated at the polls, but the police commissioners of Atlanta and the three papers were committed to the policy for which the Executive Committee had

fought, while the case of the chief of police was still pending in the higher court.

Subsequently, the court reversed the finding of the Board of Police Commissioners and ordered a new trial in terms which in the opinion of many lawyers amounted in substance to the direction of an acquittal and reinstatement. Notwithstanding, at the second trial, the chief was again condemned. His appeal is now pending again before the higher court. His lawyers and the committee are confident of another reversal of the finding of the board.

But the most striking development of all has been the election as mayor of Asa Candler, the most prominent of the leaders of the fight to recall the commissioners for demoting the chief of police. The election of Mr. Candler as mayor, though the question of commercial vice was not involved; the passage of laws putting an end to locker clubs and near-beer saloons, and the pledge of the police commissioners and daily papers of Atlanta to a policy of repression of prostitution would seem to indicate a final victory against the segregated district and lawlessness in the capital of Georgia.

Unquestionably great progress has been made, but the work is far from being completed. The old cry of scattering vice in apartment houses and hotels is being raised. And without doubt conditions are far from being satisfactory. There is much of prostitution in the city. The county has abandoned the home for incorrigibles and prostitution is increasing because of lax police methods and the demoralization resulting from the removal of Chief of Police Beavers. But fortunately the committee, by reason of the thorough investigation made prior to the closing of the district, is in possession of evidence to prove that, in spite of these manifest defects and failures, conditions with reference to the social evil are better in Atlanta today than they were prior to the closing of the Mechanic Street district, when a section of the city was openly advertised as being set apart for commercialized vice.

THE PROPHYLAXIS OF VENEREAL DISEASES¹

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We are in the habit of believing that once the cause and methods of transmission of any disease are known, such a disease is under our control and can be prevented. Unquestionably the proposition is correct in general, as witness our control of yellow fever, bubonic plague, etc. Venereal diseases, however, are a most discouraging exception to the rule. Few, if any, diseases are better understood as regards cause, both immediate and predisposing, and methods of transmission, while for all of them we have laboratory methods for diagnosis of great nicety and exactness.

Statistics. In seeking the explanation of our difficulties we are met at once by the fact that we have up to the present no accurate statistics of the prevalence of venereal diseases except in certain groups of men such as the Army and Navy. Admitting that many estimates are much exaggerated, we still know that they are certainly widely prevalent in every stratum of society. That our figures are so lacking and inaccurate arises from the secrecy maintained in regard to these troubles. The physician feels in honor bound to guard the secrets which come to him professionally, and in this is protected by the code of medical ethics and, to a great extent, by the law. He often carries it to the point of giving the name of some symptom or lesion as that of the disease, inevitably causing misleading confusion.

Correct data concerning cases and deaths are fundamental in the control of communicable diseases, and in none, perhaps, quite so important as in venereal diseases. Unfortunately the report-

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ing of these diseases, so long regarded and called "private," carries unusual difficulties, which can be overcome only by intensive and long continued education of the public and physician alike.

Registration of cases. Registration must be insisted on for these diseases just as for smallpox, diphtheria, scarlet fever, and the other contagious maladies which are at present accepted universally as properly reportable, though fraught with much less danger to the community.

It must be remembered that even deaths from contagious diseases which carry no opprobrium are reported in less than two-thirds of our country, and that morbidity reports of every kind are woefully deficient almost everywhere. It is therefore too much to expect that the reporting of these secret diseases will be accomplished quickly. The failures of the past should not discourage but rather lead to further efforts, which must be educational in large part. In all cases the rights of the individual must be guarded, and when this is efficiently done much of the opposition will be overcome. Improvement is marked in those places where registration has been carried out on a rational basis for some time. On the other hand the rights of the public must be remembered. They are more important than those of the individual, but concealment and evasion of the law are so easy that more good is accomplished by the moderate course.

Medical prophylaxis. In the prevention of all contagious diseases the most important measure is the care of existing cases, for each case is a focus of infection,—soil, so to speak, which has been seeded and cultivated, and has yielded an abundant harvest, now ready for distribution. Diagnosis is the first requisite.

Laboratories for diagnosis. Public health laboratories for diagnosis, as well as for determining cure, are of prime importance in this work. Many states and cities provide for the simpler diagnostic methods, and an increasing number are making provision for the more difficult procedures, such as the complement fixation tests. The increase in the use of such facilities shows that physicians are recognizing the importance of the aid given. In New York City, in 1914, 59,614 specimens were examined by

the Health Department, while for the first half of 1916, 39,694 such specimens were submitted, indicating a total of 79,388 for the year.

Analysis of these figures reveals one disquieting fact,—that the importance of laboratory control over gonorrhea is not yet realized. Certainly gonorrhea is much more prevalent than syphilis, yet the number of specimens from suspected cases of the latter exceeded those from the former by approximately three to one.

Hospital care. From the public health standpoint it is unfortunate that in the great majority of cases the symptoms of venereal disease are so mild as to make it impossible to keep the patient in a hospital until he is no longer a danger to the community. Even were the best and most abundant hospital facilities supplied free of cost, their use would be restricted. As a matter of fact, however, the venereal patient is regarded with aversion, and the majority of hospitals bar such patients at the very stage in which they are most dangerous.

In New York "of 30 general hospitals, only 10 receive patients with recognized cases of syphilis in actively infectious stages; but once admitted on some other diagnosis, 27 give care and treatment, although only 17 provide the services of a syphilologist. Only 9 receive adult patients with gonorrheal infection needing hospital treatment, and two of this number specify that only surgical cases are accepted. Three city hospitals receive and treat active gonorrhea in little girls. Thirteen of the 30 will not receive medical cases with known complications of syphilis or gonorrhea. . . . Again it may be inferred that these conditions are probably typical of every part of the United States." (Snow.)

The late Dr. Prince A. Morrow called our lack of provision for the care of venereal patients a disgrace to our civilization.

Without discussing the motives which have led to this condition it must be said that from the standpoint of prevention and the protection of the community, the moral side of venereal disease should be submerged, so far at least as the actual care of the infected is concerned. The problem of the sanitarian is to pre-

vent the spread of infection, and every patient properly cared for is a focus of infection put out of business.

Legal Control. The importance of hospital facilities, furnished without cost when necessary, is so apparent as to require no argument. The hospital is a prime factor in the treatment of syphilis by salvarsan, its facilities making for success, and as the stay required is short, the expense to the public is not great for the individual case. Certainly the protection afforded the public is well worth the cost.

Dispensaries. Dispensaries play a large part in the treatment of venereal patients, but, even when well conducted, leave much to be desired. Here again patients will not continue treatment until a certain cure has resulted. When the urgent symptoms are relieved visits grow irregular or cease. In the city of New York, Platt says that in 1913, 1,250,000 persons were treated for venereal disease in 122 clinics. It is impossible to obtain the results as a whole, but those from some of the best will give an idea of the situation.

In four clinics "that stand well among the best," the results for gonorrhea were: 8 per cent of patients discharged as cured; 17 per cent ceased treatment of their own accord, improved but not cured; 75 per cent ceased treatment unimproved. These 75 per cent made one-half of the total visits to the clinic."

In Boston, Davis reported 11.4 per cent of 450 cases of gonorrhea treated at the Boston Dispensary as cured. Dr. Sanford reported a series treated at the Lakeside Hospital Dispensary in Cleveland, in which 12 per cent were cured. These results are far from encouraging, and illustrate the limitations of the dispensary as conducted at present in extinguishing foci of infection.

There is reason for hoping that the extension of social service to patients with venereal disease will better existing conditions. Such service has proved most valuable in practically every other class of disease, and, where it has been tried in venereal cases, the results indicate that it is a power for good. The rapid extension of social service to this class of patients should be encouraged in every way possible.

Medicinal treatment. The discoveries of recent years have developed preventive treatments for those who have been exposed. The success and general introduction of such medications would inevitably increase immorality. The sanitarian must to a certain extent overlook the moral question involved. His duty is primarily to prevent the spread of infection and to limit the incidence of disease. Supposing for the moment that infection could be uniformly prevented by the use of preventives in the shape of drugs, would general instruction in their use lessen to any notable extent the cases of infection? Intelligent laymen can undoubtedly apply them successfully, but it is certain that the majority of those from whom venereal cases are recruited—immature boys, careless men, defective girls, all of them more or less apt to be under the influence of alcohol—can never be expected to use these methods intelligently, nor within the period after exposure when they can be expected to produce favorable results. Experience has shown that such preventives require expert handling, and it is doubtful whether their general use would accomplish markedly good results, entirely apart from the moral questions involved.

The experience of the Army and Navy is interesting and instructive.

The Navy. Efforts at compulsory prophylaxis were made in 1907, and were taken up generally throughout the Navy in 1909. "The admission rate for chancroid has never been so high as it was in 1914. The admission rate for gonorrhea shows a slight increase over the previous year; while the admission rate for syphilis has shown a slight drop, lower, in fact, than the preceding five years." (Rept. Surgeon Gen'l, 1915.) The damage rate per 1000 has fallen from 7.51 in 1907 to 6.71 in 1914, and this improvement seems to be due largely to the lower damage rate from syphilis. The Surgeon General believes that delay in application is one of the chief factors in the failure of venereal prophylaxis, though he says: "ignorance, intoxication, and indifference can not be discounted."

Damage rate per 1000 before and after prophylaxis propaganda:

	GONORRHEA	CHANCROID	SYPHILIS
Six years preceding prophylaxis	1.06	0.440	3.59
Six years subsequent to prophylaxis	1.47	0.451	3.21

The admission rate makes a very much worse showing than the damage rate, but is not given because it is misleading owing to the fact that in 1909 a new statistical report of the sick was adopted, which apparently greatly increased the admission for venereal disease.

In commenting on these figures Surgeon Halcomb, United States Navy, says flatly "Has the propaganda of venereal prophylaxis failed? I think it has." The improvement which is noted only in respect to syphilis he believes is due to improved methods of treatment—not to prophylaxis.

The Army. In the Army special measures for prevention began in 1910.

In the United States the admission rate for 1914 was 89.84 per 1000, as compared with 85.83 for 1913. For the total American troops the rate for 1914 was 110.69 per 1000, as compared with 97.22 for 1913. There was less syphilis, but more gonorrhea (203 cases) and chancroid (308 cases). The non-effective rate for the United States was: 1914, 3.75; 1913, 3.58; 1912, 5.96; 1911, 8.82; 1910, 10.14. In this respect a steady improvement is shown, and the admission rate is smaller than for 1912. The increase for 1914 is explained by the mobilization of the troops, but it is evident that prophylaxis fell far short of its aims.

Reports from posts are unanimous in saying that the lapse of time between exposure and preventive treatment was excessive, thus accounting for many failures.

At many post exchanges prophylactic packages are for sale at cost, yet there is practically no demand for them.

In the Army "punitive prophylaxis" is enforced, that is, men do not receive pay for the time lost from duty on account of venereal disease.

I have gone at some length into the results of prophylaxis in the Army and Navy, because we have in them a selected group

of men in close touch constantly with medical officers who have been enthusiastic in pushing the propaganda for the prevention of venereal disease, and in the Army a penalty has been added. With such results in a selected group constantly under pressure from their officers, it seems to me futile to expect too much from such measures among the general public.

In the German and Austrian armies artificial prophylaxis has diminished the number of venereal cases, but has not prevented their occurrence.

In a campaign against any disease all measures which help even a little must be resorted to. Artificial prophylaxis, in spite of its shortcomings, has its place.

The law has frequently been invoked in the control of venereal disease but with little success.

Control of Prostitution. It goes without saying that the abolition of prostitution would end venereal disease in a short time. How this can be brought about has puzzled much wiser heads than mine. Regulation has proved a failure. Suppression has not been successful. The public and professional prostitute can probably be controlled, but as far as I am aware, no one has made an impression on the problem of private prostitution, in some ways the more dangerous of the two. None the less the making and enforcement of laws must have a place in our efforts at prevention.

Alcohol. The influence of alcohol in promoting illicit sex relations is well recognized. "Sine Baccho friget Venus." The abolition of the saloon and the blind tiger comes distinctly within the province of law.

Anatomical museums. Newspaper and toilet-room advertisers; men's specialists. I would class these together as worthy the best efforts looking to legal suppression. Their influence is wide-reaching and pernicious in the extreme. The young man who goes out from home with high ideals is the unwitting and constant object of attack. The influence is against continence, and the danger of venereal diseases is minimized.

From one end of the country to the other advertisements of three and five day "cures" stare at one from the walls of public

toilets, especially in the smaller hotels. The better class of newspapers now refuses such advertisements, but they are still far too common. I can not claim the experience of the specialist, and may be inclined to exaggerate the influence of these advertisers, but my ideas of the harm they do have come largely from dealing with university students, and from the fact that such extensive advertising indicates a large body of customers.

It is unfortunate that the attitude of the average physician duplicates that of the hospital toward venereal patients. They are not wanted, and do not receive the same consideration as other patients. Payment is often demanded in advance, and the prices charged tend to drive many to the 50-cent advertising men's specialist.

It is interesting to note how the law recently enacted in Western Australia deals with this matter. Advertisements of medicines or appliances for the treatment of venereal diseases are illegal. No printed matter on the subject can be circulated in any manner. For the information of those interested the Government has published a booklet describing the nature and symptoms of venereal disease, the modes of infection, and precautions to be taken by infected persons.

Marriage laws. Properly constructed and rational laws preventing or regulating the marriage of persons with venereal disease would be of great benefit. Legislation along these lines in this country has not been successful, largely I believe, because it has not been marked by the qualities mentioned. Some educational effect has resulted.

Other laws. In one or two states laws are in operation excluding those suffering from venereal disease in a communicable form from the preparation and serving of foods. This leads to the examination of applicants for such positions. Reports of the working of these laws are favorable.

A number of the governmental services are requiring examination of applicants for venereal disease. The same is true of many corporations, especially those maintaining sick benefit and pension systems.

These agencies play a part in the war against venereal disease, however small, and have some educational value.

Early marriage. The high cost of living, and the demands of society of the present day have brought about conditions unfavorable to early marriage. Marriage at or about the attainment of maturity should be encouraged, and the aim of society should be to remove or modify the existing conditions which militate against it.

Education. Education in its broadest sense, including moral training, can be relied on to accomplish much good. I know of no satisfying program which has been worked out, and, as well put by Snow, "nor have ways of translating knowledge into action through the observation of high moral principles been adequately developed." The subject requires more observation and more study before satisfactory working plans can be formulated. One thing is sure—that the wave of sexual slush which went over the country a few years ago, propelled in part by sincere, though foolish reformers and in part by the never failing crop of popular orators who seek notoriety by espousing every new movement, was in no proper sense educational, but distinctly injurious. Fortunately this has passed, and the direction of the movement is now in wise hands, so that there is good reason to expect substantial progress, though at best it will be slow.

Teachers. It is generally admitted that proper sex education is not only wise but necessary. Who shall give it? Of those considered for this office—parents, teachers, clergymen, doctors—only the latter seem to have the necessary knowledge. The first step then is to select and educate the teachers, when the program has finally been decided upon.

Subject-matter. In considering what should be taught certain fundamentals are well established. Boys should be taught that the reproductive function is given for the preservation of the species and not for the gratification of sensual desire; that its proper use leads to the highest joys while its debasement brings physical, mental, and moral deterioration.

Emphasis should be laid on the fact that continence is entirely compatible with the highest physical and mental development,

that there is no such thing as sex necessity, and no damage to the reproductive power by non-use. It should be made clear that the practice of continence does not mean physiological non-use and that the resorption of the secretion of the testicles has a marked effect on the development of manly qualities.

The dangers of venereal disease must be pointed out, especially the danger to the innocent wife that is to be, and to possible progeny. Personal fear fails to deter in the majority of men, but every boy consciously or unconsciously looks forward to having a home, a wife, and children. I believe that the fear of sterility for himself or the future wife and of damage to possible progeny often keeps a young man in the straight path when no other considerations will.

Emphasis, however, must be laid on the building of character, and the rewards of virtue, both mental and physical, rather than on the danger of vice. Education must be constructive; it must look to the building of moral character rather than the mere imparting of disagreeable knowledge. In all teaching about sexual matters there is danger of putting stress in the wrong place, of setting the mind to work on sex matters. The younger the individual, the greater the care that must be exercised. The ideal method of teaching the sex function to both sexes would seem to be from the biological standpoint, not laying any more stress on it than on any other normal function. With advancing age other matters could be brought in without the wonder or surprise of a new discovery.

The fallacy and unfairness of the dual standard should be persistently inculcated from an early age.

Conclusion. I have tried to give a fair and unbiased view of the subject of prevention of venereal diseases. They have been with us for many centuries and will probably remain many more. They are spread chiefly through illicit intercourse, but this and the prostitution which is a part of it have come in response to primal instincts and passions, given by nature for the preservation of the species, which are right and honorable when under control. The problem is one with very special features which make it most perplexing and difficult to handle. Surely

the field is one for the wisest heads, the kindest hearts, the sanest judgment, the profoundest study. There is no place for the half-baked reformer, the philanthropic charlatan, nor the gushing sensation-seeker. Discussion as to whether the sanitarian or the moralist should undertake the work is beside the mark. There is room and need for both. Indeed, the efficient health officer of today makes use of educational and moral means to the fullest extent to bring about sanitary reforms. Such success as is possible will be attained by developing and utilizing every agency and the correlation of those forces which tend to the suppression of vice and temptation on one hand, and to the upbuilding of character and public moral sense on the other.

If my view seems pessimistic it will deter only those who have no business in work of such importance, it will stimulate to increased effort the sincere and intelligent. Such is my hope.

THE ENGLISH VENEREAL DISEASE ORDER

The order of July 12, 1916, of the Local Government Board puts in operation in England and Wales a system of state provisions for the diagnosis and treatment of venereal diseases. This order is practically an enactment into law of the recommendations of the Royal Commission on Venereal Diseases. Existing institutions are to be improved so that they can be utilized for this work, and new institutions are to be avoided as far as possible. The venereal clinics are to be a part of general clinics, and every effort is to be made to relieve the scheme of the stigma of the venereal diseases.

The order is in many respects epochal. It marks the first efforts of an English-speaking country or, indeed, of any large state, to deal with the venereal problem on a large scale by providing facilities for diagnosis and treatment. There is a vast difference between the state of public mind of so short a time as ten years ago, when it was impossible to get the English government even to appoint a commission to consider the venereal disease problem, and the state of public opinion today, which causes the government to put into the form of law the recommendations of a commission in venereal diseases within four months after its report is issued.

This act presents, under political and social conditions much like those of the United States, an organized effort by a state to reduce the prevalence of the venereal diseases by providing universal opportunities for treatment. As such its results will be of great interest to us. It may be said at once that the effort is well worth the making. Whether or not it solves satisfactorily the problem of the venereal diseases, it gives every prospect of being of sufficient benefit to justify its cost. It is to be hoped that it will obtain the support both of the medical profession and of the public to the extent necessary for its success.—*The Journal of the American Medical Association.*

SYPHILIS, A DISEASE OF DIMINISHING SEVERITY

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Of all known diseases none excites more loathing than syphilis, although its objective manifestations are in reality but the externalisation of a defensive mechanism which is admirable in the highest degree. The changes brought about in the tissues by syphilis do not represent a wanton attempt at destruction, but constitute an organized effort to limit the sphere of activity of an inimical parasite by the interposition of mechanical and chemical obstacles, and to repair injury already inflicted. In fact, destructive changes are often entirely fortuitous, and occur in circumstances beyond the control of the body, such, for example, as mechanical injury and infection by pus-producing microorganisms, so that a process primarily protective and beneficent, is diverted in such fashion as to threaten or destroy life.

While syphilis is universally held in righteous fear there is, I believe, evidence to show that the disease has suffered marked attrition in the comparatively short span of years that has elapsed since the discovery of the New World, and, as time goes on, the process will undoubtedly undergo still further modifications in the direction of diminished severity until mankind ultimately will wake to the realization that syphilis has been deprived of many of its horrors. Strangely enough, the salvation of the world in this respect rests, in part, upon the syphilization of humanity; for attenuation of the virus depends upon transmission through successive generations, and this, in turn, will modify the nature and extent of the organic changes in the body, without which there is no syphilis.

The origin of syphilis, like that of many other infective diseases, is lost in the lore of antiquity. This much is known, however, that continental civilization came face to face with syphilis

when the army of Charles VIII, recruited from the brothels of France and inured to license, lifted the siege of Naples after having been infected with a disease said to have been previously introduced into the beleaguered city by the sailors of Columbus, freshly returned from the conquest of the New World. In this way, an army bent upon the subjugation of the Italian peninsula as a preliminary to a pious quest of the Holy Grail, succeeded only in defiling a continent; for all Europe soon reeked with a plague too horrible for words. According to one description "Many patients were . . . covered . . . with a dreadful, foul, black eruption which, with the exception of the eyes, left no portion of the face, neck, chest or pubic region free. They presented such a repulsive and pitiable aspect that, deserted and left in the open air a prey to every need, they longed for nothing but death. Others in whom the disease caused scabs, harder than the bark of trees, on the scalp, the brow, the neck, the back of the head, the chest, the back and other parts of the body, tried, by scratching, to free themselves of their pains. Still others were so covered with papules and pustules that it was impossible to determine their number. Phagedenic ulcers destroyed the genitalia, the lips, the chin, the region of the eyes and the bones. The ulceration even involved the esophagus and many perished from starvation." (Grünpeck, Osler.)

In the past four hundred years the fury of the disease has abated to an enormous extent, but even at the present moment its ravages are terrific. Nevertheless, latter-day syphilis presents indications of a tendency to become milder with each passing generation, an opinion which I venture partly on considerations of immunity, and partly on the basis of a long series of post-mortem observations at the New York City, New York and Hudson Street, and Bellevue Hospitals—institutions which receive a class of patients among whom syphilis is common; the disease, as a rule, pursuing a course unobstructed by systematic treatment and favored by vicious habits, and yet the destructive changes in the body are far less marked than formerly. By this, however, I do not mean to imply that antisypilitic treatment is not doing an immense service to humanity in ameliorating individual attacks of syphi-

lis, for the combination of salvarsan, mercury, and the iodides, intelligently applied, is, perhaps, the greatest single boon known to medicine.

The severity of syphilis is not to be measured by its subjective manifestations, which, nevertheless, are numerous and often intense, but by the quality of the changes brought about in the several organs of the body. Syphilis, as described by medieval writers, was undoubtedly a septicemic disease characterized by overwhelming intoxication and by widespread destructive changes in the skin, mucous membranes, and bones. Death must have occurred in the course of days or a few weeks at the longest. In other words, the disease was exceedingly malignant, and of a type so rarely encountered at the present moment as to be regarded in the light of a curiosity. Patients are occasionally observed, even now, in whom the disease pursues a rapid course and in whom specific treatment avails little or nothing, death occurring in six months or a year, but even this variety of so-called malignant syphilis is mild compared to the disease of the fifteenth century, while the usual course of modern syphilis is notoriously slow, measuring its progress by years rather than by weeks or months.

In by far the greater number of cases observed by syphilographers of the present, treatment is partially or completely successful in controlling the disease, or the disease controls itself irrespective of treatment, for even in circumstances of neglect the anatomical changes are often surprisingly mild and sometimes totally absent, as exemplified by positive Wassermann reactions during life without anatomical changes discoverable by post-mortem examination. Thus, of 4880 subjects submitted to careful post-mortem examination at Bellevue Hospital, anatomical confirmation of the existence of syphilis was found in only 314, or in 6.5 per cent. On the other hand, since the advent of the Wassermann reaction the test has been systematically applied in Bellevue Hospital, and of the enormous numbers of patients thus investigated over 25 per cent., including many in whom there were no reasons for suspecting syphilis, but in whom the reaction was carried out as a routine measure, yielded

a positive result. Comparable figures, I am informed, have been obtained in other hospitals in New York City. In addition to the figure yielded by the Wassermann reaction, clinical observation confirms the impression that syphilis is more common than post-mortem statistics indicate. In fact, the difference is so striking as to justify the conclusion that enormous numbers of patients run the gamut of syphilis without sustaining bodily injuries of a permanent nature. The pathological anatomy of syphilis of the aorta, for example, teaches a great lesson in this respect; for, of 70 advanced cases minutely studied by Dr. G. H. Wallace and myself, 24 of the patients admitted having abandoned treatment after a few weeks or months, or of having undertaken no treatment at all, and yet the structural changes in this great vessel—the most vulnerable spot in the whole body—arose only after the lapse of many years.

In 314 subjects of syphilis studied by myself at Bellevue Hospital there were, of course, various combinations of disease conditions in the organs. That syphilis by no means works its ravages in the vital organs to the exclusion of less important tissues, is shown by the fact that, in 41.7 per cent. of the Bellevue Hospital cases, the changes involved such relatively unimportant structures as the skin, the base of the tongue, the bones, etc., while in the remaining cases (58.3 per cent.) syphilitic lesions were observed in the heart, respiratory system, and the cerebrospinal axis. In certain of the latter cases the pathological alterations were of slight or even negligible intensity, while in others they gave rise to great suffering during life and contributed in large measure to death.

Syphilis makes its debut in the form of a modest and apparently harmless sore, which represents a localized inflammatory reaction and marks the point of entrance of the infecting spirochetæ. By the time the chancre appears, however, the spirochetæ have not only entered the neighboring tissue spaces, but have been so widely distributed through the body that the patient scarcely has time to respond to a sense of danger before his tissues are overwhelmed by a horde of parasites.

The protective forces of the body, however, are not slow to

fall into action. In fact the chancre itself is the first defensive barrier erected by the body, and, although it occurs too late to stem the tide of infection, it is soon followed by regional and then by general enlargement of the lymph nodes, representing an incalculable increase in the number of cells available for phagocytosis. That other and more subtle defenses are brought into play is shown by the fact that the patient has already developed resistance to a second inoculation by the same variety of spirochete. That is to say, after the initial sore of syphilis makes its appearance it is practically impossible to produce a second chancre in the same body by reinoculation, and this resistance to a second infection by the same organism is not only continued throughout the disease, but its disappearance under treatment is held to occur more or less synchronously with cure. Similar results have been obtained with experimental syphilis in monkeys.

That syphilis is attended by local immunity in certain organs has long been maintained, and there is a certain amount of evidence in support of the contention. It is a matter of not infrequent clinical observation that, when the primary lesion of syphilis is located in some portion of the genitalia, the course of the disease is not apt to be marked by any extraordinary degree of severity, but that, when the chancre is extra-genital, e.g., on the finger or lip, as so often occurs in syphilis of the innocent, the disease is not only attended by extensive destructive changes, but is often more refractory to treatment than in ordinary circumstances. In order to explain these differences it has been assumed that the spirochetæ in their peregrinations through the tissues of the genital region are in some manner reduced in virulence or otherwise modified, whereas no such change is brought about in tissues, which, ordinarily, are remote from the field of contact and consequently unaccustomed to infection by the spirocheta pallida. The doctrine of local tissue immunity as applied in this instance, is comparable to the observation that all infective diseases, including syphilis, pursue a much more active course when freshly introduced among a strange people. There are those, however, who maintain that syphilis of extra-genital

origin is not recognized as readily as the genital variety, and that the neglect thus occasioned is responsible for the increased severity of the secondary changes, since genital sores are instantly viewed with suspicion, while chancres in other parts are apt to heal without exciting anxiety on the part of either patient or physician.

However this may be, local immunity in syphilis is a well established fact. In the human body the prostate gland seems to enjoy absolute immunity, for in it structural changes due to syphilis are, I believe, unknown. That certain other organs are relatively immune is shown by the fact that, in the active stages of syphilis, the spirochetæ are universally distributed throughout the body and yet the organs in question are seldom the seat of syphilitic changes. In animals local tissue immunity is even better exemplified, as in the experimental syphilis of rabbits, where only the eyes and testicles are susceptible to structural changes due to the action of the spirochetæ, although every other organ in the body is likewise teeming with living parasites. Local tissue immunity, however, is by no means limited to syphilis, but is a well recognized quality in a variety of other diseases. For example, in disseminated tuberculosis the pancreas almost invariably escapes, while in those not very rare instances of generalized distribution of secondary cancerous growths, certain tissues frequently are spared, notably the spleen and the heart and skeletal muscles, although in both tuberculosis and cancer the organs in question, in common with every other tissue in the body, must have been equally subjected to the danger of implantation.

Since the fact has been established that infection by the spirocheta of syphilis so changes the tissues in man that reinfection is impracticable, it appears to be probable that the insusceptibility thus produced is capable of being transmitted in modified degree, and that the gradually diminishing severity of the organic changes in syphilis is due to a process of vaccination carried through an almost interminable progeny. The probability is supported by experimental evidence. For example, an attendant at the Pasteur Institute noticed a small lesion on the lip that

was presumably due to contamination by one of the animals infected with syphilis, and inoculations of material from the lip into monkeys yielded a positive result. Nevertheless, neither the attendant himself nor any of the inoculated animals, including three chimpanzees, developed the symptoms of syphilis that almost invariably follow the initial sore. On the strength of this observation, Metchnikoff and Roux inoculated a non-syphilitic human subject with syphilitic virus which had been carried through five generations of monkeys, and in him the resulting manifestations of syphilis were likewise exceedingly mild. From experience of this sort it seems reasonable to infer that passage through the lower animals may so attenuate the virus of syphilis as to afford a possible means of artificial protection by vaccination. While our knowledge in this regard is altogether too limited to justify more than tentative conclusions, it is strongly suggestive of a natural tendency on the part of syphilis to afford relative protection to the progeny of parents in one or both of whom syphilis is latent. It is to be concluded that a child born in such circumstances is capable of being inoculated by syphilis, but that the type of infection would be mild, and so on, *ad infinitum*. This explanation may be invoked to account for the positive Wassermann reactions which are not uncommonly obtained in individuals who present no signs of syphilis during life and in whom post-mortem examination reveals no anatomical changes indicative of the disease. For the same reason, the conclusion is inevitable, I think, that the relative mildness of latter-day syphilis is ascribable largely to widespread contamination of mankind through almost countless years, and that syphilization must continue in order that humanity may ultimately be purified, since eradication of the disease by artificial means alone is obviously impossible.

SUMMARY.

1. There was a time when syphilis was an exceedingly vicious disease attended by extensive destructive changes in various organs resulting in rapid death. Latter-day syphilis, on the contrary, is essentially a disease of slow evolution, marking its prog-

ress by years rather than by weeks or months, and is attended by changes in the body that are comparatively mild and limited in extent. Thus, post-mortem statistics affirm that less than 7 per cent. of bodies reveal anatomical indications of syphilis, while in the living patient the Wassermann reaction is positive in over 25 per cent. of all persons investigated. The difference is striking, and justifies the deduction that many individuals become infected by syphilis without sustaining bodily injuries of a detectable nature. At the same time it is a noteworthy fact that, of all syphilitic lesions encountered at autopsy, a large percentage involves organs of negligible importance as far as life is concerned, and that even syphilitic changes in such tissues as the heart, brain, and lungs, are often compatible with life.

2. Clinical observations carried over a long period of years, and studies in the immunity of syphilis, furnish highly suggestive evidence in support of the view that mankind is extensively, if not uniformly, syphilized in greater or less degree, and that, in future generations, the process will become progressively milder and ultimately assume a place among diseases of negligible intensity.

PROSTITUTION IN ITS RELATION TO THE ARMY ON THE MEXICAN BORDER

M. J. EXNER, M.D.

It is a matter of history that prostitution follows the army. In all the European armies at the present time vice and its consequences constitute one of the most serious, if not the most serious, of army problems. In some of these armies the wastage from venereal disease has been frightful. The reliable facts at hand show that during the first eighteen months of the war one of the great powers had more men incapacitated for service by venereal disease contracted in the mobilization camps than in all the fighting at the front.

From the standpoint of military strength and efficiency, such waste is serious. From the standpoint of social wholesomeness, it is more serious; for it means that not only will these men bring back into the social structure a vast volume of venereal disease to wreck the lives of innocent women and children, but they will bring back into it other influences, attitudes, and practices which will destroy homes, cause misery, and degenerate society.

Is such physical and moral wastage inevitable? Is it necessary? Some experience in connection with the army on the Mexican border indicates that it is not.

It was my privilege to spend seven weeks among the troops on the border and in Mexico. I visited all the principal military camps; I dealt with a large number of men individually and intimately with regard to their personal sex problems; I discussed the vice situation at length with many officers of the medical staffs and with commanders; I secured official data with regard to venereal prophylactic treatment and venereal disease; and I observed all the vice districts in company with competent guides. I shall briefly state some of my observations and impressions.

It was to be expected that serious conditions with regard to prostitution would develop in connection with the army on the border, unless prompt, vigorous, up-to-date measures for its control were enforced. As soon as the order to mobilize went forth, the vice interests in various parts of the country also began to mobilize their forces and to move them to the border. In a number of communities in the vicinity of which troops were located not only were the existing prostitution facilities augmented, but new vice districts were hurriedly built. The environment of practically all the camps quickly became, if it was not already, such as presented the severest temptations to immorality—an environment which only those who were powerfully fortified by moral principle and will could withstand.

We must take account of the fact that under such circumstances the soldier is subjected to unusual moral strain, not only from without, but also from within. Let us glance at some of the reasons why this is so.

The vast majority of the men, especially the National Guard, are in their adolescent years—many of them mere boys—the period in which the developing love-instinct, with its strong sexual element and driving desires, powerfully asserts itself. It is the period when desire is strong and the will is weak. It is the period when the individual takes the reins of life into his own hands and when he is driven by a strong urge from within to try life for himself in every aspect in which it presents itself. If there is ever a time when the man needs every possible moral support and influence to steady him and keep him true to his best self, this is the time.

Another factor which tends greatly to weaken the soldier's moral resistance is the fact that he is away from the restraining and supporting influence of the home and home society. He has been uprooted out of his normal environment and transplanted into one in which the most powerful influences pull the other way.

Again, the man in uniform is a marked man. In civilian clothes he is one of the common mass. The uniform sets him off from the mass. Unfortunately, this works for the advantage of the forces of evil more than of the forces of good.

A factor which greatly enhances the moral strain upon the soldier is the process of leveling down to the lower element to which there is a powerful tendency in the military camp, or wherever a heterogeneous body of men is gathered together under conditions of enforced intimacy. In the tent or mess hall it is as a rule the coarser element that creates the atmosphere of the group. They take supreme delight in retailing their obscene stories and giving expression to the foul imagery of their minds in vulgar talk or jest. When we face the fact that, as yet, for most young men these obscene conversations with their fellows are about their only source of ready information on matters of love and sex, questions in which they have a deep instinctive interest and which they are burning to have interpreted, we can better appreciate the sensualizing, distorting effect of such an atmosphere. Those of us who know fully the degrading atmosphere that prevails in promiscuous male groups, such as are found in the average military camp, can but have a profound admiration for that small proportion of men who are able to live in it day after day and month after month and successfully resist being drawn into lives of immorality. The terrific down-pull of the military camp, as of all similar male group life, cannot easily be exaggerated.

Loneliness also contributes to the cause of immorality in the soldier. Nothing on the border impressed me more forcefully than the loneliness-in-the-crowd of many of the soldiers. I have seen hundreds of them walking the streets of border towns at night, with the restlessness and gnawing of loneliness expressed in face and manner. Many have told me that they visited immoral houses not because of any strong craving for immoral relations but because of their desire for sympathetic companionship with the opposite sex, which desire is strengthened by absence from home.

The influences which we have enumerated, which tend to weaken the moral resistance of the soldier, call for thorough moral sanitation in the environment, so that the soldier may be given a fair chance to keep his moral balance. Let us see what has been the actual situation.

Extensive prostitution in its worst forms was accessible to all military camps on the border and in Mexico, in most cases easily accessible, with the exception of outposts and a few points where the evil was greatly reduced by vigorous repressive measures on the part of the military authorities. I will cite a few typical examples. In doing so I shall indicate the communities by letter, in order to avoid seeming to attach undue blame to individual commanders. While many officers have not done what they should have done and what they had authority to do to minimize the evil, blame for the bad conditions which have existed must rest much more largely upon the civil authorities of the communities in or near which troops were located. However inadequate and misdirected the efforts of the military authorities may have been, they at least did something, and while that something did not lessen, for the most part, the practice of prostitution, it did serve to keep venereal disease at a low rate. The communities, on the other hand, so far as I know without exception, not only failed to coöperate adequately with the military authorities in suppressing prostitution or making it inaccessible to the soldiers, but many of them vigorously opposed such measures on the ground that it would hurt business or for political reasons.

Community A is a border town, on the outskirts of which three military camps were located. In the town a district of white and Mexican women was situated in which prostitution was extensively practiced without restraint on the part of civil or military authorities. One frequenter of the district estimated that there were about fifty women in the district. One house of seven women catered to officers only. Most of the houses were unsanitary Mexican shacks, and in these the women were of very low grade. At many of these places men were observed to be standing in line to await their turn. Here, as at most other points, the district was "regulated," by the military authorities. The regulation consisted of compulsory examination of women, on the average of once in two weeks, the patrol of the district by the military police, and the enforcement of certain regulations aimed at preventing serious disturbances. With the exception

of three points, these regulations were not designed to restrict the practice of prostitution, but only in a measure to reduce its consequences and to avoid disturbances. In most places guards were stationed in the houses of prostitution for that purpose. That this sort of guard duty became thoroughly demoralizing to the guards, goes without saying. They had nothing to do but amuse themselves with the women, and as a rule they became very familiar with them.

In this place many saloons were run in defiance of the "dry law" and in the evening they were constantly crowded with soldiers. While stalled in an automobile by the roadside one pay-day evening, I witnessed for an hour and a half a constant procession of drunken soldiers, reeling in the mud toward camp. A large proportion of them seemed to be mere boys.

Community B is a town of about 15,000, where a considerable body of troops was located. It had three distinct vice districts, a Mexican, a negro, and a white, the last having six large houses with many women. During my two visits to the white district, in company with a member of the military police, a constant procession of soldiers was going in and out of the houses. The negro district consisted of a large number of scattered shacks. The Mexican district was so extensive and so scattered that it was found impossible to prevent serious disorder by patrolling it. Many fights and stabbing frays occurred. Therefore, the military authorities issued an order forbidding soldiers to enter this district, and stationed guards to enforce the order. It was strictly enforced, and I was unable to find any soldiers in the district. This demonstrated the ability of the officers to make prostitution inaccessible to the soldier under conditions where the civil authorities refused to cooperate in making it so, as was the case here. It would have been a far easier task to have made the negro and the white districts inaccessible to the men also, but they were permitted to operate without restriction because in them it was possible to keep down serious rowdying. The civil authorities were opposed to abolishing or restricting prostitution because of political complications.

Community C is a border town in which the Mexican population far exceeds the white. White, negro, and Mexican prostitution was extensive and operated without restraint by civil or military authorities. My guide informed me that there were five white houses, with from six to ten women each,—one pretentious house of Italian women catered to officers only,—six houses of Mexican women, many scattered negro houses, and much clandestine prostitution.

The "dry law" seemed to be entirely disregarded. Beer saloons operated openly, and some of them actually within the limits of the military camp.

Community D is one of the large cities of the southwest, in the vicinity of which at the time of my visit over 50,000 troops were stationed. Here prostitution was carried on very extensively without restriction beyond the usual "regulation." Not only was the old notorious segregated district in full operation, but an extensive new "crib system" had been built in another part of the city. In but a very few cities in this country can anything so bad be found. From noon until early morning soldiers in great numbers were found in these districts. In the evening they were thronged, and before many of the "crib" doors soldiers stood in line.

In answer to questions, one of these women, who was below the average in attractiveness, stated that on a good night she served about 50 men, and that on the previous Saturday she had served 60, and on Sunday 40. We learned from reliable sources that many other women served a much larger number. This woman estimated that there were about 200 white professional prostitutes in the city. This was probably much below the truth. This does not take account of the Mexican, negro, and clandestine prostitution, all of which was extensive. A military medical officer of high rank, in trying to show that prostitution was really quite limited, said "I do not believe that there are more than 500 prostitutes in the city."

The chief medical officer of one of the divisions told me that a few days before a prostitute came to a medical friend of his in the city for treatment. She was found to be in the active stage

of syphilis, and during the previous two days had had sexual relations with 120 men.

Community E is a little, straggling village of huts, but when troops were stationed on its outskirts provision for prostitution was quickly made. It was carried on in unsanitary adobe shacks, one section for white, and one section for negro women. The striking feature here was that the district was situated within the lines of military camps and was protected and "regulated" by the military authorities. The only restriction to its operation was that soldiers were not allowed to visit the district within certain hours of the day.

I need not further enumerate examples. These are typical of the whole border situation, with a few exceptions, of which we shall speak later.

What seems to me to have been the most inexcusable situation with reference to prostitution was found in connection with the troops in Mexico. At each of the two points where the main bodies of troops were located, a prostitution district was maintained within the lines of the camp and supervised by military officers. No man could gain entrance to the district without having a certificate showing him to be free from disease and without the necessary two dollars. The women were housed in adobe shacks, and, according to the statement of quite a number of the men, they were for the most part repulsive Mexican women. Many of the men were resentful because of the low order of women provided. One man seemed to voice the sentiment of many when he said "It's an insult to the troops. If they want to provide something of the kind, let them give us something decent."

When we consider that in these instances the military commanders had no established prostitution nor any complications with municipal authorities to deal with, and that the men were not allowed to enter Mexican communities, it is difficult to find any excuse for the situation. In these instances prostitution was deliberately provided by the officers, on the assumption that it was necessary for the contentment or well-being of the men. This was borne out in my discussion of the matter with

officers. One cavalry officer of high rank attempted to justify the matter something like this: "You must remember that we have among the troops men of a very low order—men with little brains and powerful passions. If prostitution were not provided, these men would disobey orders, go to Mexican villages and get mixed up with the women and thereby possibly bring on war." According to this officer's argument, prostitution was necessary to guard against the possible failure of military discipline. He failed to see that to guard against the possible breach of discipline on the part of the lowest element, which he admitted to constitute but a small proportion of the rank and file of the troops, he would deliberately stimulate a process of leveling down the whole body of troops to this low element and increase the evil many-fold.

Let us now look at several points where prostitution was more or less restricted by the commanders.

Community F was a small border town where several regiments of southern troops were located. As soon as the camp was established, a "syndicate" proceeded hastily to knock together a long board shack, partitioned off into "cribs" for prostitution purposes. The chaplains together sought to secure an injunction against this venture, but the district judge said that nothing could be done. It was discovered that in the absence of the judge from his district, the judge of a neighboring district would issue an injunction. Taking advantage of this, the chaplains secured an injunction, and the building stands unfinished today. Prostitutes who had come to occupy it left town. Unfortunately nothing was done to put a check to the Mexican clandestine prostitution which was very extensive and very bad. A large amount of venereal disease contracted in the mobilization camps had been brought with the troops so that practically all the prostitutes quickly became infected, and a high venereal rate existed among the men.

Community G is a border town of considerable size, where a large body of regular troops and guards from southern states were located. Existing prostitution facilities were being augmented, when the post commander demanded the immediate abolishing

of all segregated prostitution on threat of removing the troops to another locality. Needless to say, the civil authorities complied with the demand, and most of the women left town. Unfortunately here, too, the problem was thereby considered solved, and the more serious one of clandestine prostitution was not touched. Here, also, this was complicated by the fact that a large amount of venereal disease was brought to the border from the mobilization camp in the vicinity of large southern cities and that therefore the prostitutes became quickly infected. At the time of my visit, three southern regiments had just arrived. On inspection one revealed forty-three cases of venereal disease, and the second thirty-seven cases. The third had not yet been examined.

Camp H, in which a very large body of troops was stationed, was situated practically in the desert near a very small community, in which open prostitution did not exist, and some miles away from other small communities. Here, therefore, prostitution was difficult of access, not so much by virtue of repressive measures, but by virtue of location. One house of white women was operating near a smaller camp some miles away, and there were no very ready means of transportation.

Camp I was a large camp, located near two small towns. Here, also prostitution and saloons sought to establish themselves. But the commander suppressed both absolutely with an iron hand and never relaxed his vigilance. As fast as any sources of prostitution or of the sale of intoxicants could be located, he got rid of them assuming the authority to do so when he did not technically possess it, on the ground of military efficiency. Prostitution was practically inaccessible to this large contingent of troops, except as a few men might secure leave to visit larger centers many miles away. An example of the commander's methods may be of interest.

A saloon keeper opened a saloon near the camp. The commander told him he could not sell "booze" to his men, and advised him to move on. The saloon keeper replied "I have my license; you cannot stop me." The commander again assured him that he could not sell liquor to his men, and again advised

him to leave. The saloon keeper answered "I'll show you." The commander issued an order that no soldier should visit the place, and stationed a guard before the door to enforce the order. The saloon keeper remained a week, after which he departed, not being able to do any business. At no other point were vice and drink so consistently and thoroughly suppressed.

Now, it will be of interest to inquire what has been the reaction of these repressive measures on the men in this command. According to the arguments of many officers, in support of prostitution, we should expect extreme discontent, clamoring for prostitution facilities, revolt, mutiny. The facts are, that no more contented, more orderly, better disciplined, better trained, more efficient, or more loyal body of troops could be found anywhere on the border. These facts can readily be verified from anyone conversant with the situation. Furthermore, these men were proud of the moral reputation of their regiments. Many of the men said to me, with a ring of pride, "Oh, we have a clean bunch here." This feeling of group pride was everywhere conspicuous among the military units of this camp, and was in itself a great restraining influence. It was unique; I found it nowhere else. The fact that prostitution was actually not indulged in to any extent by these men is shown in that this camp had by far the lowest prophylaxis rate as will be seen later.

This thorough test of the application of repressive measures with reference to prostitution and drink with so large a body of troops for so long a time, is sufficient utterly to refute the contention of so large a proportion of army officers that sexual indulgence is necessary for the contentment and well-being of the men. The soldier is human, and men in the unstable period of adolescence, under the unusual moral strain incident to military service, cannot be expected to keep clean when prostitution in its most flagrant forms is placed right under their noses, with the sanction and encouragement of their officers. But give them a reasonably wholesome environment and place a high value upon clean manhood and moral integrity, and they will measure up to what is expected of them and of their own better selves, just as did the men of Camp I.

It is pretty generally known that the army has been employing a system of venereal prophylaxis, aimed at reducing the amount of venereal disease. This has been carried out with fair consistency on the Mexican border. Every soldier who has sexual relations with a strange woman is required to report to the medical officers to receive prophylactic treatment within six hours. If a man contracts venereal disease and the records do not show that he reported for prophylaxis, he is arrested, his pay is taken from him, and he is deprived of other privileges. It is a policy to treat the man who contracts venereal disease under these conditions with very little sympathy. This system seems to be working fairly satisfactorily. While a good many men depend upon prophylactic measures of their own, and others take the risk without any, probably two-thirds of the men actually do report for treatment. These records give us an approximate idea of the actual extent of prostitution. I have worked out the data on the basis of a monthly rate, though the records secured cover periods varying from a month to four months. The monthly rates of prophylactic treatments were as follows:—

	Monthly rate per cent.
Camp I.....	0.566
Camp H.....	3.78
Camp E.....	11.2
Camp B.....	14.0
Camp F.....	15.4
Camp C.....	16.56
Camp G.....	20.4

We see from these figures that the two Camps I and H, in which prostitution was most inaccessible to the men, had by far the lowest prophylaxis rate—0.566 per cent. in Camp I, and 3.78 per cent. in Camp H, as against from 11 per cent. to 20 per cent. in the other camps. Experience on the border clearly establishes the fact that the extent of prostitution is in direct ratio to its accessibility.

One of the most interesting and most significant facts which this study brings out is the apparent success with which the system of prophylactic treatment is meeting in preventing venereal

disease. Whichever way our sympathies may lie in the discussion of the desirability of "making prostitution safe" by employing prophylactic measures, we must take account of the fact that it does actually seem to accomplish the reduction of venereal disease in large measure, and we cannot escape the conclusion that this is, in itself, a great social gain. One can but be impressed with the very low venereal rate found among the troops as compared with the extent of sexual indulgence and with the venereal rate which was common before such measures were employed. By far the largest proportion of venereal disease found among the troops was contracted in the mobilization camps before prophylactic measures were instituted. The venereal rates of cases contracted on the border, of the units from which I was able to secure them, follow:—

CAMP	NUMBER OF MEN	PERIOD	NUMBER OF NEW CASES	NUMBER OF OLD CASES	AVERAGE MONTHLY RATE OF NEW CASES
		<i>months</i>			<i>per cent.</i>
I	7,000	2½	3	32	0.017
H	2,850	4	3	17	0.026
D	12,928	1	28	Not given	0.216
B	1,244	4	9	20	0.4
C	1,019	2½	8	8	0.31
G	1,165	2	19	Not given	1.63

The column marked "old cases" represents cases of disease brought to the border from the barracks or mobilization camps, and contracted before prophylactic measures were instituted. They are not included in figuring the rate. The record of old cases is not very accurate. Some regiments not given here brought a much larger proportion of cases to the border. I have already stated that at the time of my visit two regiments had just brought 80 cases to Camp G. There were 7000 men in this camp on October 1, and at that time 134 cases of venereal disease were found on inspection. This includes the 80 cases just mentioned. One southern regiment of which I know developed a frightful venereal rate in its mobilization camp, near one of the big southern cities. It had 76 new cases at one time.

The following record of prophylactic treatment and venereal cases of a regiment of regulars covering nearly two-and-a-half years, a record kept with great accuracy, further shows the effectiveness of venereal prophylaxis.

MONTH AND YEAR		STRENGTH OF REGIMENT	NUMBER OF PROPHYLACTIC TREATMENTS	VENEREAL CASES
May,	1914.....	827	53	1
June,	1914.....	757	103	7
July,	1914.....	700	146	4
August,	1914.....	684	178	0
September,	1914.....	726	196	0
November,	1914.....	824	227	2
December,	1914.....	788	151	1
January,	1915.....	723	278	3
February,	1915.....	653	379	0
March,	1915.....	744	354	4
April,	1915.....	791	397	4
May,	1915.....	788	678	3
June,	1915.....	793	663	2
July,	1915.....	811	657	5
August,	1915.....	841	523	5
September,	1915.....	839	490	9
October,	1915.....	840	332	8
November,	1915.....	815	305	6
December,	1915.....	800	350	8
January,	1916.....	833	402	11
February,	1916.....	940	450	5
March,	1916.....	927	370	5
April,	1916.....	921	405	8
May,	1916.....	913	450	4
June,	1916.....	900	285	3
July,	1916.....	901	372	5
August,	1916.....	1004	280	9
September,	1916.....	1068	420	5
October,	1916.....	1046	450	18

Upon comparing the venereal rate under prophylactic treatment with the amount of indulgence in prostitution, as indicated by the prophylaxis rate, we find it surprisingly low. We cannot escape the conclusion that venereal prophylaxis as now carried out in the army proves effective in large measure.

It is significant that the two camps in which prostitution was most inaccessible have by far the lowest venereal rate.

We have shown the limited extent to which prostitution on the border was suppressed or rendered inaccessible to the soldiers. Why was this so? What has been the attitude of the military authorities? It would be unfair to say that it was one of indifference. It is known that the Secretary of War at Washington was seriously concerned over the government's responsibility to the troops in this matter; that he made himself conversant with the facts, and that he made urgent recommendations and specific suggestions to the commanders of posts with reference to minimizing prostitution on the border, and that he gave them authority to change the location of their troops, if necessary, to accomplish that end. Had these recommendations been fully carried out, we should probably have come nearer to solving the prostitution problem on the border than has ever been done in relation to any army. Why was it not done? While indifference, or worse, must be ascribed to some officers, it would be unjust to ascribe indifference in the matter to most of the officers of rank who were in command of large bodies of troops. For the most part the commanders of troops and the chiefs of medical staffs were deeply concerned about the problem of prostitution, but they were concerned almost wholly about its results, not about prostitution itself; and all their energies were directed to minimizing venereal disease. I rarely met an officer who did not take for granted that prostitution could not or should not be abolished. They assumed that it is necessary for the contentment and well-being of the men, or, at least, that it is inevitable. Many a medical officer told me, with great pride, of what he regarded as his up-to-date manner of dealing with the problem—inspection of prostitutes, prophylactic treatment of exposed men, and lectures on venereal disease. Whenever I suggested the possibility of attacking not only the results of prostitution, but prostitution itself, I was looked upon as "too idealistic," or as a dreaming, unpractical reformer. With but rare exceptions army officers, both high and low, are unfamiliar with modern studies of prostitution, such, for example, as have been made by the Bureau of Social Hygiene, and with modern methods of dealing with it. Segregation of

prostitutes, a method which has been so completely shown to be ineffective, that it has not even a crutch to stand on, is generally regarded as the best solution of the problem.

In closing I wish to sum up some of my observations and conclusions:—

1. The experience on the Mexican border shows that, so long as the handling of the problem of prostitution as it affects the army, is left to the discretion of the individual commanders, there can be no hope of a satisfactory solution. Their attitude is too varied, and their knowledge of the problem too backward. There is needed as clearly defined a policy of moral sanitation as the government has of physical sanitation, and that policy must be made effective in uniform procedure through military order from headquarters. Any policy with reference to this question to be sound, or effective in preserving the moral integrity of the soldier, must be based on the assumption that sexual indulgence is unnecessary.

Prostitution in relation to the army is a question with which the citizens of this country as a whole must more fully concern themselves, for it is not likely that the army will proceed in advance of public opinion and demand.

2. The extent of the practice of prostitution is in direct ratio to its accessibility. Large numbers of men are drawn to the segregated vice districts from curiosity who will not seek prostitution when it is inconspicuous or difficult of access. I have shown that by far the lowest proportion of illicit indulgence was found in the two camps where prostitution was the least accessible.

3. The repressive measures enforced against prostitution in Camp I, with completely happy results, clearly show the incorrectness of the contention that prostitution is a necessity in connection with the army. The proportion of men who rebel at such restrictions and will seek prostitution at whatever cost is comparatively small. My observation leads me to believe that while the problem at some other points was more complex, a consistent application of similar methods at these points would have reduced the evil at least 75 per cent.

4. The most serious problem is in connection with the mobilization camps and home barracks. In the case of all the troops on the border, a vastly larger proportion of venereal disease was contracted before reaching the border than was contracted afterwards. This accords with the experience of the European armies in the present war. A policy of timely education, restraint, and prophylaxis, in connection with mobilization is imperative.

5. The venereal prophylactic measures carried out in the army have in large degree proven effective in preventing venereal disease. This has been a gain not only in army efficiency, but apparently a great social gain. But to regard this as the whole problem is to be very shortsighted. From the social point of view the question is not only one of the effect of venereal disease upon the social body, serious as that is. The more far-reaching evil is the state of mind and of character which lies back of it. The greatest evil to society results from the shattered ideals, lowered standards, sensualized minds, and perverted practices, which are brought into home life and society—by these men who represent in large measure the cream of the young manhood of the nation. To safeguard the home and society against these basic evils, we must not only abolish venereal disease, but we must minimize, so far as possible, prostitution itself.

THE GIRLS ON THE BORDER AND WHAT THEY DID FOR THE MILITIA

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"Were there any girls on the border?" is the first question which rises in the astounded reader's mind. If asked to describe the border the average civilian would probably say, "Well, there is the Rio Grande, something like the Hudson I suppose, and the rest must be desert and sage brush, and of course there are the soldiers and the Mexicans." The very last item he would think of would be girls. The first shock to one's preconceived ideas of the border is that in summer the Rio Grande is more like a narrow stream than the Hudson, and the second surprise is that in certain places on the border there are a great many girls.

From years of experience with girls and from an intimate knowledge of the course of reasoning of wage-earning women and girls, the National Board of the Young Women's Christian Associations had a strong suspicion that wherever conditions of life are abnormal, there will be found girls and there will be need of friendly service and protection. Consequently the last week of June, when men and supplies were being rushed to the southwest, and when the Young Men's Christian Association was building recreation huts in the camps and sending men down to run them, the Young Women's Christian Association was undertaking to help meet a national situation by looking out for girls in those border towns.

Following an unwritten law that any plan of work must be based upon accurate first hand information and knowledge of conditions and needs, two Y. W. C. A. secretaries were sent to visit and study the border from Brownsville on the Gulf to

Nogales and were given power and funds to establish any work which would meet the need of special protection.

The border towns, large and small, in July were beehives of industry. Not only were thousands of troops going borderward, but clothes and food were being shipped in and had to be handled. The shopkeepers were overrun with militia buying souvenirs and postcards to send home. Every person wished he or she were three instead of one. No one was thinking of the future; there were so many more things to be done each day than could possibly be done—so many obvious things. Trainloads of dirty and travel-tired soldiers were passing through the cities and it required all the energy and patriotism of the women to provide sandwiches and coffee for the militia in the middle of summer. Swimming-pool and rest-room projects to relieve the discomfort and monotony of desert life in the midst of summer were uppermost in people's minds. And so people were at first surprised, or indifferent to the questions which were asked by the two Y. W. C. A. workers: "What about the life of girls and young women in the town? How many girls are there and how many are living away from home? What are the home surroundings, the home influences? What is there for a lively up-and-coming girl to do with her leisure time?" The reply was usually a blank stare and the assertion that they felt there was little cause for concern.

After two or three weeks of investigation, which consisted of conferences with everyone from the girls themselves, their mothers, and their school teachers to probation officers and chiefs of police, two distinct types of communities stood out. The first is best illustrated by the towns in the lower Rio Grande valley—the small towns of perhaps a few hundred or a few thousand white inhabitants. In these towns there were comparatively few girls, and still fewer working girls and girls living away from home. There were individual cases where a friendly hand was needed, but this could usually be supplied by some socially-minded woman in the town, and, in general, public opinion and home influences had a fairly strong restraining influence. The fact that the commanding general had almost

complete control of the life of the militia while off duty as well as when on duty, exercised a very effective tonic on the morals and sobriety of the town, and the conditions from the point of view of young women were less serious.

The situation was different in the larger cities. There the complex conditions of city life, the ease with which liquor could be bought, the freedom which a city permits and the sense that one is unknown, added to the presence of hordes of the army and the militia in the streets when off duty, created a different atmosphere. Here the normal restraints of family and friends were weak. One found all types of girls—girls who were restive under family restrictions, and who availed themselves of every chance to get out from under them; girls whose homes were small and bare and who had no place to see their friends except on the street. There were considerable numbers of recently arrived working girls in these cities, for it was known that times were good and that jobs were plenty. The girls at home and those from away were all alike in one or two respects; they had the hopes and ambitions that girls have everywhere. They wanted pretty clothes and good times. There was very little in the way of clean, wholesome amusement. As one girl said, "There's nothing to do but go to the movies or sit at home and rock." And most girls do not care to rock much when down on the streets there is companionship, something going on, bright lights, and the social soda fountains. Here too was found that type of girl familiar to every city west of the Missouri and the lower Mississippi—the migrant girl who is seeing the country and working her way at the same time. She may stay for a few weeks or a year or two but when she has saved a little money she will move on. The western communities produce different types of girls just as they do different types of men. As the secretary directing the work in one of these cities said: "I have never seen so many young girls fifteen to eighteen with no one to care for them—most of them married and all with life stories." The psychology of the working girl, old or young, is different from that of her sister who has lived a protected life. She covers up her real feelings under a mask of assumed in-

difference. She is distrustful and suspicious of people, and particularly of her girl acquaintances about her. "Every friend I have ever had has let me in bad." She has had many hard knocks and one can hardly blame her for the desire to "get everything that is coming to her." She has a philosophy of life far beyond her years, but underneath is a loyalty and a straightforward honesty and uprightness that can be developed and turned to better purpose.

Though the casual person might have seen no occasion for special protection for the girls in these border towns, an observing man or woman saw beneath the surface, and as one said, "I am greatly concerned for the future; the situation has potentialities for evil and disaster for our young women." There were others who voiced that same feeling, sometimes a school teacher, a policewoman, a physician, or a business woman, who felt relieved to share their anxiety with one who had had experience with such situations. All pledged themselves to help in any work that would help to give girls higher ideals and a desire to make the most of themselves.

It was decided to open three centers in those places where there were the greatest number of girls—San Antonio, El Paso, in Texas, and Douglas, Arizona. In the first two there were local Y. W. C. A.'s established so that headquarters were already available. Additional workers of experience were secured from different parts of the country to inaugurate a city-wide work. Two objectives were behind the opening of these centers. One was to organize the wage-earning girls and young women of the city into self-governing clubs which should have educational, recreational, and social service features; to enlist the older business woman to protect and feel responsible for the young girl just entering a wage-earning career; to bring to each a sense of comradeship with other working women and a sense of her opportunity to help make her city a better place to live in.

The second objective was more difficult to achieve. After visiting the dance halls and movies and watching the street life with its limitless temptations, it was evident that the work was

only half done unless recreation was standardized, and the girls given a chance to meet young men friends under proper auspices. The Young Women's Christian Association recognized the fact that girls and boys would meet, that they were already doing it on the street corners and in the parks. It seemed urgent to provide a place where girls could bring their friends as they would do in their own homes. The Young Women's Christian Association wanted to go further and to provide wholesome parties and good times. The need was expressed on all sides. "Wont you get up a party so that my men can meet some nice girls?" was the frank request of a captain to the president of the Young Women's Christian Association.

So the secretaries put it up to the club girls that they were hostesses for the men who had come to the border from other parts of the country and that these men would go back to their sisters and friends and wives and would tell about the kind of hospitality that the southern cities had given them. Each girl was made to feel that it was her responsibility to treat the boys and men as they would like to have their brothers and friends treated, were they sent to a northern city, and to make the boys want to report the very nicest things that a man could say about a girl.

After a survey and districting of the business section of the city and a personal visit and talk by one of the secretaries, clubs were organized in every one of the larger stores, factories, and offices and among girls of leisure as well in San Antonio. Coming directly from work, the girls first had a ten-cent supper at the Association building, then met for a business meeting followed by some course of study which the club had decided upon such as Household Economics, Travel Course, First Aid to Beauty, Citizenship, or First Aid and Home Nursing. At the end of the evening all the clubs in the building would come down to the gymnasium and swimming pool.

Through the club girls a series of socials was planned, to which the militia men were invited whom the Y. M. C. A. knew. A party a week did not get around the regiments fast enough, so there had to be two, and then the men showed their

appreciation by asking that they might entertain the girls and the committee of volunteers who had helped them. The Third and Fourth Illinois Infantry were not satisfied with anything less than the best that the city afforded, a banquet at the Gunter Hotel, where General and Mrs. Funston were the guests of honor.

The Christmas entertainments were highly appreciated. The very thought of Christmas away from home was "sickening," and so general was the dread of the holidays that special effort was made to entertain the men. On the 23d of December, men from the medical corps in the base hospital were invited for a candy pull; on Sunday, soldiers came to Vespers and stayed to a simple supper which seemed wonderful to them because of "table cloths, butter, and real coffee." Christmas day the Y. M. C. A. planned activities at camp while the Y. W. C. A. invited to their building through newspapers, posters, and personal letters all girls who were away from home. Then the parties continued—Virginia, New Hampshire, and the Texas Engineers were combined on one night; Washington and Mississippi, the next; the Third and Fourth Illinois on Thursday; Friday the Wisconsin troops; and Saturday the West Virginia men. Each group had prepared its stunt and was much concerned over its success, and every group brought its band.

The men were so eager to come that they usually arrived an hour before time and had to be turned loose in the gymnasium, or were pressed into service to help. The five big army trucks, always spilling over with men, got the habit of drawing up in front of the Y. W. C. A. building, and as the men stood massed in a solid block waiting to go into the building it was an impressive sight. It was from the little incidents and the hearty enthusiastic response of the men that one realized how worth while it all was. As one of the army Y. M. C. A. secretaries said, "It is impossible to estimate what the Y. W. C. A. has meant to the men." The men seemed to respond and to understand just what their relation to the girls was and they did a great deal in helping to make that effort of the Association what it was intended to be, constructive wholesome recreation.

When there was a party every day in the week there were not enough girls to go round, but every one had such a good time and the spirit of Christmas was so evident that it did not matter. In that short week about a thousand girls entertained fourteen hundred men, and that was not the end, for social affairs continued and in addition there were many affairs given by different groups of men and chaperoned by the club leaders and secretaries. A soldier was overheard to say to another, "I haven't met a decent girl since I have been in ——" "Why," said the other one, "hasn't the Y. W. C. A. entertained you yet? Well! I suppose they haven't gotten to your regiment, but they will." Through these parties the men were introduced and invited to homes in the city and made to feel that the city welcomed them in the friendliest spirit.

The two other centres had similar activities, showed equal ingenuity in enlisting the leadership of the girls in their cities and in offering hospitality to the militia. El Paso equipped an outdoor recreation centre for tennis and roller skating. Receptions were given to the wives and mothers and sisters of the militia, who often came to the city knowing no one in it.

In Douglas, nothing had been done for the girls and young women there and the city was "dead" so far as clean amusement for them was concerned. A Young Women's Club was organized in September and a director installed. The club now has more than one thousand members, representing all groups in the city—rich and poor, old and young, from the girls selling near-beer to the young society matron and the Red Cross nurse from the army hospital. At the initiative and under the direction of the club, the first community Christmas celebration took place in Douglas, the army band providing the music and a very large chorus of townspeople the singing—the tree being brought for miles across the desert from mountains in the east.

The question will be asked—"Was it all worth while?" It was a great expenditure of effort for just parties, and clubs, and band concerts, and good fellowship. Would the Y. W. C. A. do it again, and are there any lessons that can be learned from this experiment?

There is one conviction that every Y. W. C. A. secretary had and that is that the army life is not necessarily evil, but that exploitation, environment, and deadly monotony are responsible for much of the immorality that is traditionally supposed to be inherent in it. One thing is fundamentally true and that is that boys will seek pleasures, and if good fun is not available they will turn to the unwholesome. Time off even though it may come only every third day means that nearly one-third of the camp will be in town, sitting on the benches and literally covering the carefully-nurtured green grass in the parks. It is natural that normal girls should want men friends, and that men should welcome an opportunity to get acquainted. The importance of the whole situation is that the acquaintance may have something more of dignity than picking up a friend in the movie and wandering home at a late hour by devious ways.

To the National Board of the Y. W. C. A. the work on the border seemed supremely worth while, not only from the men's point of view but from the girls'. The situation for the young women was saved through placing upon them the responsibility for hospitality to the visiting troops.

WHAT ENGLAND IS DOING FOR THE VENEREALLY DISEASED

The National Council for Combating Venereal Diseases Report of a Meeting at the Mansion House, London¹

A meeting at the invitation of the Lord Mayor of London, to consider an urgent problem of national health was held under the auspices of the British National Council for Combating Venereal Diseases at the Mansion House, London, on Tuesday afternoon, October 24, 1916. In the unavoidable absence of the Lord Mayor, the chair was occupied by the President of the Council, Lord Sydenham of Combe, G.C.S.I., Chairman of the Royal Commission on Venereal Diseases. The meeting was also addressed by Mr. Walter Long, M.P., President of the Local Government Board, Mr. Herbert Samuel, M.P., Secretary of State for Home Affairs, Mr. A. F. Buxton, Chairman of the London County Council, and Sir Thomas Barlow, M.D.

The President: Mr. Samuel, Mr. Long, ladies and gentlemen, the Lord Mayor has asked me to express his great regret that he can not be with us this afternoon. He has gone to pay a visit to the Grand Fleet, and this was the only day on which that visit could be paid. I am quite certain we shall not grudge him the privilege of seeing that magnificent spectacle. The Lord Mayor has asked me to take his place, and I do so with the very greatest diffidence, feeling certain it is impossible for me in any adequate way to fill the gap which his absence

¹ This report is printed by courtesy of the British *National Council for Combating Venereal Diseases*. It embodies in outline the measures proposed to give effect to recommendations of the Royal Commission on Venereal Diseases, especially those having to do with a provision, at public expense, of facilities for the diagnosis and treatment of these diseases. Plans for carrying into effect the requirements of the Local Government Board for such provision, noticed in *SOCIAL HYGIENE*, October, 1916, have been worked out by the London County Council's Public Health Committee, effective January 1, 1917, and by the public authorities of many other cities and counties.

has created here this afternoon. The National Council is most grateful to the Lord Mayor for lending us this magnificent and historic hall to enable us to discuss this most important question; and also for all the kindly interest which he has shown in our work. I imagine that never before has a meeting been held at the Mansion House to deal with this most painful but all-important national question. It seems to me therefore, that, perhaps, a special significance attaches to this meeting, because it may mean the end of a long conspiracy of silence which has done infinite harm to the cause (Hear, hear), by forbidding the spread of necessary knowledge, by creating some false ideas of duty, by alienating sympathy where sympathy was due, and also by preventing the adoption of valid measures for combating what we feel to be a gigantic public evil.

In 1913, His Majesty's government, in response to a strong request of a number of men who had realised the terrible effects which venereal diseases were producing in our midst, appointed a Royal Commission to investigate all the circumstances, and to propose remedial measures. In this country, and in some foreign countries, there had been previous partial attempts to deal with the problem, but the degree of success had been exceedingly small, and nowhere, until this Commission was appointed, had a real effort been made to deal with the whole question on the broadest possible lines. The Commission took a great mass of evidence, and initiated some further investigations of its own, some of which led to very startling results. We were unanimous on every essential point, and our main conclusions amounted, really, to two: a grave warning, and a message of hope to the nation.

For reasons arising, mainly, out of this unfortunate silence, which must now be abandoned, we found it quite impossible to arrive at any accurate statistics as to the prevalence of the diseases among the civil population, but we found it is much larger than has generally been expected, because it is only in recent years that a large number of other ailments and of mental and physical defects have been traced directly to venereal disease. And I am afraid it is certain that as medical science progresses, and as further investigations into this subject are carried on, that there will be a large addition to the number of diseases which are, directly or indirectly, connected with those which we are met to consider. The picture which slowly unfolded itself before the eyes of the Royal Commission was darkened by tragedies of many kinds. The effect of acquired venereal disease on individuals is creating national loss on a very large scale, both by shortening life and by

reducing working power, with the result of an immense total annual economic loss to the country.

There has been a tendency, as you all know, to regard these diseases as the just punishment of the vices of the individual who has acquired them. That view is not tenable in the light of the knowledge that we possess, and I hope it will be abandoned. (Hear, hear.) Such disease may be, and is, every day, acquired by persons who are completely and absolutely innocent. Then we must remember that the effects of the many congenital manifestations of these diseases defy all estimate, and from the national point of view, they are probably more insidious than the effects which arise from direct infection. Sterility, still-births, infant mortality are all largely due to venereal diseases: and Dr. Mott, whom I am glad to see on the platform, and whose great knowledge was most valuable to the Royal Commission, investigated a number of family histories, which show the appalling results of the infection in one or other of the parents. In one series of 34 infected mothers, there were 175 confinements, which yielded 104 infant deaths, 41 seriously diseased children, and only 30 apparently healthy, who may, for all we know, develop the disease at a later stage of their lives. Then there was another investigation, of 150 families. There were, in them, 1001 pregnancies, with 172 still-births, and 229 infant deaths: and of the 600 children who lived, 390 were diseased. In other words, of 1001 potentially healthy children, there were only 210 apparently immune, and even they, as I said before, may show some symptoms at a later period of their lives.

Now anyone who reflects upon those figures must realise the appalling loss and suffering caused by these diseases; and they must realise also, that these diseases are playing a great part in filling our hospitals and infirmaries, our blind and deaf schools, and our lunatic asylums.

I will not trouble you with any more figures on the part of our report, which constitutes the warning to which I have referred.

The other main conclusion at which we arrived is, that we now have wonderfully accurate methods of diagnosing these diseases, and also singularly effective means of treatment if the treatment is given at the earliest possible stages. And that, ladies and gentlemen, is our message of hope. And we believe that if our proposals are adopted, and if the people of this country can be brought to see the grave danger which arises from these diseases, and to know that early treatment is vital; if there is to be any hope of cure, then we think that, in time, these diseases can be brought under full control, if not stamped out

altogether. (Applause.) Of all the diseases which afflict humanity, there are none which inflict greater injury to public health as a whole. But also, fortunately, there are none which respond so readily to treatment of the right kind, given to the patient at the right time. I suppose that our great offices of state must have some receptacles filled with Blue Books, compiled with the utmost care and at great public expense, mines of information almost wholly wasted, but full of proposals of public importance which the public never heard of. That was not the fate of our report. Very soon after it was issued, we arranged a deputation to Mr. Long. Mr. Long received us with welcome (Hear, hear) and showed us that he fully understood the gravity of the situation, and that he was prepared to take immediate steps to cope with it. And the first necessary step of all, without which all other steps must be futile, is to provide treatment-centres, where the best treatment can be given, and to provide, also, laboratory facilities where diagnosis can be rendered available to all medical officers. It is essential, we thought—and I think you will agree with me—that the treatment should be free, that there should be no public stigma attached to those who seek that treatment, and that it should be made available at such hours as will meet the needs of the working classes. (Hear, hear.) The Treasury accepted the proposal that 75 per cent. of the cost of these treatment centres and laboratories should fall upon state funds, and that the remaining 25 per cent. should be borne by the local authorities. Dr. Newsholme, whose knowledge and experience of administration was most valuable to the Commission, has worked out all the details of the schemes, and these are now beginning to take practical form in various parts of the country. I am sure we agree that the provision of ample facilities for treatment among the civil population, which are now totally lacking, is the first necessity in our fight against venereal disease. (Hear, hear.) Success in that fight depends upon the closest possible coöperation and good-will between the County and Borough Councils, hospital authorities and the medical profession. I do most earnestly appeal to those three most important bodies to help this national cause by every means in their power. Local authorities are wisely giving much more attention to public health than they used to do, especially in connection with the guarding of infant life. Now, they can do nothing which will more certainly increase the birth-rate, decrease infant mortality, and add to the number of healthy citizens, than by helping in every way they can to stamp out venereal diseases from the population. (Applause.) I hope that

some other speaker will deal with the economic aspect of this question. I will only say again that the total loss of productive power, and the public expenditure which is entailed, in various directions, by the prevalence of venereal disease in our midst must reach enormous figures.

The federal government of Australia have decided that they can save, in their old-age pension list alone, more than it is now proposed to devote to a campaign against these diseases. Hospital authorities, in the past, have too much neglected this side of their duty. Many of them refuse patients in the early stage, the stage at which they can be treated with effect, although their wards may be, and often are, full of patients in the advanced stages, stages when medical help is of very little use or of no use. By giving treatment in the early stages, they would save an immense amount of expenditure as compared with the treatment of patients at a stage when treatment is of less value. The London Hospital has lately given a very bright example, which shows what can be done elsewhere, if all the hospital authorities will rise to this great occasion. (Applause.) A short time ago, the Grocers' Company, with true insight, presented to that hospital a ward for venereal disease alone. That ward is now in full operation, and there is a well-equipped laboratory attached to it. Patients, male and female, are admitted to that ward through the skin department, and each has a separate room. The London Hospital can already treat 1500 cases in the year, and we may well feel grateful to the Grocers' Company for their generosity in an object of this sort. (Applause.)

The Commission received evidence to the effect that too many members of the medical profession are not at present fully conversant with all the manifestations of venereal disease, or with modern methods of diagnosis and treatment. All that will, doubtless, be remedied by the medical schools in course of time. But, meanwhile, I do hope that all private practitioners and all Panel Doctors, who must always be our first line of defence against disease, will make the fullest use of the facilities for diagnosis which will now be rendered available to them, and that they will either master the technique of treatment themselves, or that they will direct their patients to places where they can receive that treatment. (Hear, hear.)

Now, ladies and gentlemen, I have dealt only with essential medical measures for dealing with these most dangerous diseases: but there are many other measures and methods which are also required. There is no disease which practically plays such a baneful part as those diseases which we are considering today. Some so-called "quack" medi-

cines are probably beneficial; others may do no harm, but they have no effect of any kind. But quack remedies in relation to venereal diseases are doubly dangerous. In the first place the desire for concealment causes very large numbers of people to resort to quacks; and in the second place, quack remedies which promise a cure are frequently persisted in until the time when an effective cure could be obtained has passed away. I can assure you that cruel tragedies arise from that cause, and I do think that a very heavy responsibility rests upon all newspapers who publish quack advertisements of that kind. (Applause.) This very important aspect of the question has been closely investigated by the Select Committee on Patent Medicines, and I do hope there will be a general agreement that advertisements of this kind must be put a stop to. (Applause.) If it is possible to go still further and prohibit unqualified treatment of all cases of venereal disease (Hear, hear) it would constitute a great protection to a large class of gullible people, and it would also be a great safeguard to our public health. (Applause.)

The Commission made thirty-three other definite proposals and I think you would not easily forgive me if I were to go through each one of them. All these proposals of ours are important, but in different degrees, and some would require legislation, which I hope the Government will undertake. And I am quite sure there are none of them which involve such legislation as the House of Commons at the present time would not readily pass. There can be no doubt that the spread of knowledge, or of the knowledge of the appalling results of these diseases, not only to the individual who acquires such disease, but to the innocent and unborn children and to the race as a whole, would greatly assist the state, municipal, and private efforts in combating these diseases. But the need for prompt action is terribly urgent. Tens of thousands of the men best qualified to transmit the highest qualities of our race have fallen already upon the field, and the end is not yet. We must abolish all hindrances to our birth-rate, of which venereal diseases must take almost the first place. What we have to do is to rear the greatest possible number of healthy children in the shortest time: and we can only do that if we abolish what is the main source of sterility and the cause of so many of those grave evils to which I have referred. We now know that these causes are distinctly preventable, and it would be criminal if we did not make the fullest use of every opportunity which science has made ready to our hands.

All previous war experience shows an increase of venereal disease, for reasons which are well known, and already, I am afraid, it is certain

that the number of new infections is far above the normal. And when peace comes, there is the danger of grave and widespread dissemination of these diseases. It is for that that we must be prepared, and there is no time to be lost. Meanwhile there are certain preventive and protective measures for which we may look to the military authorities and the civil authorities: to military discipline and the very wide powers which have been conferred by the Defence of the Realm Act: they give good opportunities for guarding our soldiers, and none of those opportunities must be neglected. All sources of infection must, as far as possible, be barred from them. Good lectures, of the right kind, delivered by the right men, should be addressed to all recruits, and be repeated afterwards. I am glad to know that such lectures have been given, even behind the front in France, with the most excellent results. (Hear, hear.) I hope also, that the police will exercise the very considerable powers that they have, and that the Home Secretary, if he finds that those powers are not sufficient, will ask for increased powers. (Hear, hear.) Women police and women patrols can render services of the greatest importance in watching, guiding, and warning their sex, services much more than ever important at a time of national excitement and abnormal conditions such as those in which we are living.

Now ladies and gentlemen, I have only touched on some aspects of a very great national problem. It is a problem which, like most others, cannot be solved by the State alone. The coöperation of all the forces—moral, scientific, social, and philanthropic—which are working for the public good is wanted in fullest measure. The cause is, surely, one which can unite all religious denominations and all political parties. The crusade against intemperance and vice can be strongly reinforced by the knowledge which is now available to us: and the claim for decent housing and for a real living wage can be pressed with new power. If after this fiery trial through which we are passing, the life of the country is to emerge purer and higher than it was before, and if the vigour of our race is not to be permanently impaired by the cruel losses which the war has brought, and if our citizens in the future are to be numerous enough and strong enough, mentally and physically, to accomplish the very difficult tasks which lie before them, then this dire scourge of venereal disease must be faced and conquered. (Loud applause.)

Mr. Walter Long, M.P. (President of the Local Government Board): Lord Sydenham, ladies and gentlemen, I am sure that we shall all regret the absence of the Lord Mayor. He was good enough to communicate

with me, and assure me that nothing but an engagement of the character to which Lord Sydenham has referred would have prevented him from being here. He also was good enough to tell me how strong is the personal interest he takes in the movement on whose behalf we are gathered this afternoon. I am very glad to know, from the speech we have just listened to, that Lord Sydenham has covered the ground so completely—although he told us there were many other branches of the subject to which he would have liked to refer—yet he has so fully covered the ground that it will not be necessary for me to speak on this subject except from one point of view, namely, that of a Minister in charge of the particular department which is charged with the work which we this afternoon have got in hand. It will not, therefore, be necessary for me to detain you for more than a very short time. I propose, really, to tell you only, as briefly as I can, how the position stands at the moment, and, very shortly, what are the reasons which have led the Government, whom I represent on this particular occasion, to adopt the policy which we are preparing and are proposing to carry out in the country.

In the first place, ladies and gentlemen, I think I may say, in confirmation of and supplementing what fell from Lord Sydenham, that we have made a very great advance. He referred to the termination of the long period of silence out of which so many evils have grown. But we have got some more direct advantages than the resumption of open and plain discussion of these problems. There may be—and probably there are—differences of opinion as to the remedies to be applied, as to the form that administration should take; but there is, I think, today no dispute in any quarter as to the reality and the gravity of the scourge with which we have got to deal. (Applause.) I think it has become impossible any longer to conceal from the British public that these diseases are terrible in their nature, and almost overwhelming in the effect that they have upon the health, the strength and the very life of our people, and that they ought to be, and must be, eradicated from our midst. (Applause.) Another subject for congratulation is that the Royal Commission which was appointed not so very long ago, reported much more rapidly than many of us would have thought to have been possible; and today we have on record not only the splendid character of their labours, but—what is of infinitely more value to us as a practical people—the knowledge that they have produced real and beneficial results, results which have already, as Lord Sydenham told you, been accepted by the Government, been

accepted, in very large measure, by the country, and are being carried out today by local authorities and hospitals with a goodwill and a determination which it is impossible either to exaggerate or sufficiently commend. The coöperation that we are receiving from the hospitals is worthy of all praise. There have been of course, as there must inevitably be, some few cases in which difficulties have arisen, but I am glad to be able to tell you that already the patience, the skill, and the unselfish devotion to duty of the officials of my Department have succeeded in overcoming nearly all of those obstacles, and today we are able to report that our new programme of beneficial and life-saving work is well launched on its way. (Applause.) I am very confident that the New Year will see the scheme for London and Greater London ready to be embarked upon in all its details. And I think this admirable result will not be confined to greater London. In many other of our local areas work has proceeded, and is proceeding, very rapidly, and I believe that the New Year will see a real attempt made to deal, in what we believe to be an effective way, with these dread scourges.

Lord Sydenham has referred to the effect of this terrible war, this war that we are determined, as an Empire, to carry on to the only finish which is possible (Applause), one which will make its recurrence an impossibility. But while this is our primary duty, to carry on this war successfully, it is also our duty to face the new problems at home created by the war, to some of which problems Lord Sydenham has referred. As he well told you, in language far better than I could hope to employ, this war has made a great inroad upon the best of our manhood, and we are bound, in self-defence, to take every possible step today to see that the lives of our men and women, and above all of our children, are rendered, so far as that is humanly possible, immune from diseases which we believe we can eradicate if only we have the will and the determination. (Applause.)

Now, ladies and gentlemen, what must be the keynote of our policy? In the speech to which we have just listened, in the Report of the Royal Commission, in the evidence given to that Commission by distinguished men who have studied these problems, one thing, I think, emerges more prominently and more clearly than anything else, and it is this: that if we are going to deal with these unfortunate sufferers, we must make it as easy for them as we can to get treatment which will give them relief, and which will prevent them handing on this scourge to others. And that has been the principle which we have laid down at the Local Government Board, with a steady determination and belief in the

plan which we have adopted. I said a moment ago that the hospitals have met us more than half-way, and I want to say here today, on behalf of the Government, how profoundly indebted we are to them for the public spirit which they have shown in dealing with this great problem. Lord Sydenham reminded us of the well-known fact that these diseases bring with them much that is grievous and even degrading for the sufferers; and it has been the practice of the public to talk on these diseases as if they ought always to be dealt with as crimes. Lord Sydenham has told you how hopelessly unjust any such policy would be. (Hear, hear.)

He has told you, what I believe to be a statistical fact, that at least half of the cases are cases in which the disease has been acquired quite innocently. I believe that evidence is beyond dispute, and therefore if you have first of all to deal with the fact—and it is a fact—that people who get this complaint feel that if it is known they will be looked down upon by their fellow men and women, and therefore are naturally inclined to conceal the fact and to take no open steps for remedy: if you know that, and if you know the second great central fact that at least half the sufferers have acquired these diseases through no fault of their own, then, surely, the policy which we must adopt is one which will make it as easy as is consistent with efficiency for these people to be treated in a satisfactory manner.

Lord Sydenham referred to one or two of the suggestions which the Royal Commission made, and told you—and therefore it is unnecessary for me to go into it—practically what we are proposing to do. I have briefly referred to some of the advantages which we have gained. Of course there are difficulties to be faced, and of course there are critics. Some critics are with us heart and soul in the object which we have in view, but their criticism is, perhaps, the most dangerous of all, because of their enthusiasm and of the evident knowledge and authority with which they speak. And I want to say a word, quite frankly and openly, to them this afternoon. We are told, in some quarters, that all our plans will fail unless we adopt what is known as compulsory notification and compulsory treatment. Well, ladies and gentlemen, let me say at once, that if anybody thinks that the Government have refrained from adopting these methods as part of their scheme because they are afraid to do so, because they are prejudiced in some way against them, these people are wholly mistaken. I say for the Government that if it is clear to us that a particular policy is the right one, so impressed

are we with the gravity of the case and the urgent necessity for action, that no fear, no prejudice would deter us from adopting it. (Applause.) But what are the facts? In the first place, you have got the Royal Commission, which realised the dangers and difficulties of compulsory notification and compulsory treatment, and they did not recommend them. I have no prejudice in this matter, and I can safely say, without claiming any power to be able to deal successfully with a case of this kind, that at all events I am not actuated by any fear. If I thought the policy of compulsory notification was the right one, I would do my best to secure its approval by my colleagues, and I would do my best to secure its passage through Parliament. And if we do not adopt that policy, it is for reasons—which I will briefly give you—that instead of helping us it would retard our efforts, and it would interfere with the success of our policy. (Applause).

May I just say this? Some years ago, when I occupied another office in the government of that day, it fell to my lot to have to deal with a disease—which I am not, for a moment, trying to compare with this one—a disease, however, which brought a great deal of suffering upon human beings. My policy was at once met with a great deal of opposition. There were people who held all sorts of views, with which I entirely disagreed, who really opposed the whole thing. They said it was not practicable, they said it was inhumane, that it could not be done on the lines I laid down. They said "if you will only do what we think right you will succeed." That is the kind of critic whom I today want to appeal to. Ladies and gentlemen, somebody has got to discharge what has to be done, somebody has got to take the responsibility for the policy adopted, and that somebody is for the moment, myself, as a member of His Majesty's Government. (Hear, hear.)

We have not come to our decisions lightly, I have not decided upon this policy without the fullest consultation, not only with my advisers at the Local Government Board, but with other experts, trained men and women, who have examined these problems from every point of view for many a day past. It is our deliberate policy. And although we shut the door today to no amendment or alteration of our policy which we find to be desirable, I want it to be clearly understood that we have deliberately decided upon the lines that we have laid down, and for the present along these lines we mean to proceed. (Applause.) And I appeal, as Lord Sydenham did, to all those who have the good of the country at heart to, for the moment at all events, put aside their own

particular view, or their own particular remedy which they would like to see adopted, and aid us, and those who are working with us, in the prosecution of this great campaign.

When I was muzzling dogs (laughter) I used to be told—and a very effective argument it was—“What on earth is the good of muzzling a dog in a particular area? If I am walking with my dog in that particular area my dog is muzzled, but if I go over the ditch or through the gate into the next parish, he is not muzzled. How can you defend it?” My reply was that if you cut your finger you do not put sticking-plaster over the whole of your body. What happened? I was right, and they were wrong: my policy succeeded (“No!”) Somebody says “No,” but he cannot get away from hard facts. In five years we had cleared that disease out of the country. (Cheers.) I have not quoted that as an exact illustration, and I do not want to interfere with the harmony of this meeting by reviving some of those by-gone controversies. I only quoted it for this reason: that I have at all events had administrative experience in dealing with these problems. I know the difficulties, in Parliament and out. The policy I have adopted is one in support of which I have the authority of the great mass of trained opinion, scientific medical opinion, administrative experience in this country.

Lord Sydenham said he hoped we would deal with the advertisements of quack medicines, and treatment by quack doctors. (Hear, hear.) If public opinion supports a policy of that kind, and if I can find—which let me say, I have not yet done—a real working proposal which would have those effects, I shall do my best to carry it through Parliament. (Hear, hear.) I shall be ready to do my best for that purpose.

Ladies and gentlemen, I do not desire to trespass further upon your time. I am only here today to say to you, on behalf of the Government, that we are in earnest, that we know the gravity of the problem that we are called upon to solve: that our minds are not paralysed by fear of unpopularity (Hear, hear), that they are not weakened by any prejudices already possessing us. We are ready to listen to suggestions, come they from where they may so long as they come from those who, after they have had their say, are prepared to accept our decision and to join with us in clearing the country of this hideous curse. (Applause.) That is the object which we have in view, and, so far as I am concerned—and my colleagues at the Local Government Board, those with whom I am working, will, I know, coöperate with me—we shall coöperate with the local authorities and the hospita's of the coun-

try in doing this work in the most efficient and rapid way that can be possible. (Cheers.)

Mr. Herbert Samuel, M.P. (Secretary of State for Home Affairs):² Mr. Chairman, ladies and gentlemen, the President of the Local Government Board and I have come to this meeting today in order to bear witness to the keen and active interest which the Government takes in the work of this National Council for Combating Venereal Diseases. And I think that we on behalf of the Government, and you, representatives of the public at large, ought together to express our gratitude to Lord Sydenham and to his colleagues on that Council for undertaking the great work on which they are engaged, for the time and the energy which they are spending in its prosecution. It is a work both necessary and distasteful, and the more distasteful it is the more grateful we should be to those who consent to undertake it. (Applause.) Mr. Long, speaking on behalf of the Local Government Board, has referred mainly to questions relating to the treatment and the cure of these diseases, questions that present many difficulties, which are being rapidly overcome by the energy of the Local Government Board under his direction.

The Home Office is concerned, perhaps, more directly with what may be called the preventive or the penal side of this question: and that aspect of it is indeed surrounded by difficulties even greater. These diseases arise undoubtedly, in very large degree, from the practice of prostitution: and the question is often asked whether more active measures could not be adopted by the authorities to limit prostitution. I have discussed the matter, on more than one occasion, with the Commissioner of Police of the metropolis, and with others. The action of the police is hampered in no small degree by the restrictions imposed by the statute law. It is generally assumed that any person may be charged with soliciting who is seen soliciting, or who is apparently a prostitute. That is not so. One has to prove, in a court of law, that the person is a common prostitute. And it is not sufficient to be able to prove one offence: you have to prove, on evidence, that she has solicited, not on a particular occasion, but on other occasions. That imposes

² Certain fresh legislation was foreshadowed in the Home Secretary's speech, and at his suggestion, recommendations were prepared by the National Council, and submitted to him for consideration. These recommendations included: (1) The suppression of advertisements by quacks. (2) Making the transmission of venereal disease by a person who was aware that he was in an infectious condition, a criminal offence.

very great difficulty in the enforcement of the law. But it is somewhat doubtful whether Parliament would consent to extend too far the right of summary arrest of women in the streets, with the possibility of grave errors, such as, apparently, arose in one or two notorious cases some years ago. In addition, the penalty that can be imposed when the case is proved, is only a fine, unless the woman has been behaving in a riotous or an indecent manner. Nevertheless, in spite of these limitations, in London alone the metropolitan police recently, that is to say in the years 1914, 1915 and the first eight months of this year, have brought before the police courts no fewer than 16,400 cases. Of those, 1200 were discharged by the magistrates, 2000 were dealt with by imprisonment, and the remaining 13,000 were fined or bound over. I must confess that these measures, although they proved great activity on the part of the authorities, can not be regarded as providing any really effective remedy for the evil. (Applause.)

With respect to the conditions that surrounded some of our soldiers' camps, I secured, some months ago, the passage of an order in council empowering the local authorities to remove from an area in which large numbers of soldiers are gathered together, any woman who had been convicted of soliciting or other similar offence. (Hear, hear.) That order in council has been put into force in a number of localities, and, I am told, has had a most beneficent and useful effect.

We are also, at the Home Office, anxious to encourage the employment of women police and women patrols (Applause), whose work is calculated to be of great benefit in this movement, and not long ago, in this session, Parliament consented to enact that women police employed by the local authorities might be paid from police funds on the same footing as male constables, and that Treasury grants could be received in respect of them. (Applause.)

But all these matters dealing with prostitution touch only a part, although perhaps the most important part, of this aspect of the problem: for it is unhappily the case—so I am informed by many who are in a position to know—that these diseases are spread through the agency of a number of quite young girls, who are not of the professional prostitute class, and who can not be touched by any of the measures directed against prostitution. And, of course, none of these measures touch the transmission of these diseases by men.

Mr. Long said something with respect to compulsory notification. At first sight, the argument in favour of compulsory notification seems unanswerable. People say if you pass a law to the effect that where an

individual is suffering from scarlatina, a notification has to be sent to the health authority, and if a person suffering from notifiable infectious disease does anything to spread the infection, that person is liable to a penalty, it seems illogical, inconsistent and indeed unendurable that the same measure should not be applied in respect of this grave and dangerous disease and class of diseases. (Hear, hear.) It is urged, also, that the present proposal which is made in some quarters by—amongst others—a number of distinguished ladies who wrote yesterday to the press, the present proposal, it is urged, is not nearly on all fours with the old contagious diseases acts, which were so repugnant to public feeling, because it is not proposed that there should be anything in the nature of compulsory medical inspection beforehand, or anything approximating to a system of licensing. The objection to what is, of course, a measure which should be obviously adopted, is that in the conviction of many persons well qualified to speak, such a measure would not have the effect which is desired, that is to say, the stamping out of the disease, but would rather have the opposite effect. (“No,” “Yes.”) And I will tell you why. Hitherto, the disease has been spread because it has been kept secret, and those who suffer from it have not allowed themselves to be medically treated. The efforts that are now being made by the President of the Local Government Board and by the hospital and health authorities throughout the country, are directed at providing full opportunities for cure, and at inducing people to avail themselves of those opportunities when they are provided. It is useless to provide the opportunities if people will not come forward to use them. Now, it is thought that if any person, when he presents himself for treatment, knows that he is put upon such a list, and that he is to be subject to control until his cure is effected, that the result probably will be not to induce people to come forward for treatment, but to deter them (Hear, hear) from coming forward for treatment. It is said you may pass your law, which, in theory, is so admirable, but you will not be able effectively to enforce it, while the very attempt to enforce it will militate against the success of the efforts which you are making to provide a cure. (Applause.) I should be chary of speaking on my own authority on such a point as this if it had not been examined by the Royal Commission, consisting of men of expert authority, and the Chairman of today presiding over it. Fifteen members, men and women drawn from various schools of opinion, who spent two years on the examination of this problem, who heard very many witnesses, most of whom gave evidence on this very question

of compulsory notification, came to the conclusion—it is not always that a Royal Commission of fifteen members presents an unanimous report—they came to the unanimous conclusion that, in the existing circumstances, compulsory notification was not desirable, and that it would do much more harm than good. (Applause.) In those circumstances I do not see how we could anticipate that, even if the Government, in the face of that authority, came to Parliament with such a proposal, the legislature could be induced to enact it.

There is one point which I would like to lay before this great meeting for its consideration, which was not presented to this Royal Commission, and was not examined by them. When I embarked upon the study of this matter in detail, as the Report of the Royal Commission necessarily required me to do in view of the office which I have the honour to hold, I confess that to my surprise I found that a person may knowingly and deliberately do that which is calculated to transmit this disease to another person, and yet in so doing commits no offence against the law. It appears to me intolerable that one person, whether man or woman, should be permitted by the law, without penalty, to commit so grave an outrage against another. (Applause.) It is, morally, a crime (Applause) to do this thing knowingly: ought it not to be made legally a crime? (Applause.) If one man assaults another, and injures him physically, he is liable to imprisonment. If one person puts poison into another's food, he is sent to penal servitude. But if he knowingly does that which transmits poison to another person by contagion, he goes scot-free. (Shame!) Therefore I suggest to you whether the law ought not to enact that where a person does any act, including soliciting for prostitution, who knows she is infected with this disease—or a man who knows he is infected with this disease (Applause)—does any act calculated to cause its transmission to another person, that individual should be liable to heavy penalties at the hands of the law. (Applause.) It is true that in many cases it would be difficult of proof, especially the fact of knowledge, but there is a class of case which might, in my opinion, be dealt with in this way, and that is the people, whether men or women, who find their way into prison or other state institutions, are there medically examined, and on leaving are still in an infectious state. If they received formal notification that they were in an infectious state, that would be evidence against them if they were charged subsequently with the major offence. And that would be an inducement to them to do what now they refuse to do, namely, to go into a hospital or other institution and remain there until they are cured.

There is another allied matter which, perhaps, public attention should be directed to, and that is the question whether or not persons convicted of these offences, such as solicitation, living, in the case of men, on the earnings of prostitution, and other offences connected with sex relations, whether these persons, if they are found, in prison, to be suffering from these diseases in an infectious stage, ought not to be detained in some institution—not necessarily a prison—until they are cured. (Hear, hear.) That is a matter upon which I should be rather chary of expressing an opinion, but upon which I should be glad to receive opinions of the nation at large, for I am now engaged in proposals to be laid before Parliament dealing with many of the topics which have been discussed today, and the more information I can obtain as to the attitude of the public mind towards these matters, the more valuable it will be to me in the preparation of legislative proposals. (Applause.) There are many who say “Oh, the Government is very powerful, let the Government do all that is necessary.” And true it is that the Government has great authority, through possessing the initiative of legislation, and through being able to wield the authority of the law, through having at its command the resources of the great departments of state. But those of us who have been engaged for many years in the work of the Government know well how impotent any government is unless it has the whole-hearted support of public opinion behind it. (Hear, hear.) And it is right that it should be so, for in a free country such as this, the management of public affairs ought not to depend merely upon the idiosyncrasies of the individuals who happen to be in power; their task is to carry into effect the declared will of the nation as a whole. (Applause.) Hence, ladies and gentlemen, the great value of the organization, the National Council for Combating Venereal Diseases, under whose auspices we are met here today. Theirs is the task of rousing and directing public opinion; and in harmony and coöperation with them you may rely upon it that the Government will be very ready to use, so far as they can be used, the powerful agencies which are in the hands of the state. (Loud applause.)

Mr. A. F. Buxton (Chairman, London County Council): My lord, ladies and gentlemen, I have the honour, at the moment, to represent the London County Council, and because of that I am limited in what I shall say. My remarks will have nothing to do with the medical treatment, nothing to do with the care of the patients from the medical point of view, but solely with administration, and the powers which may be given the authorities from that standpoint. And, as a preface, I may remind you that this is not wholly a new business for the Lon-

don County Council. We already have the administration of certain powers which have been given us for the medical examination and treatment of all the children in the schools, some 750,000 of them, I think the number is. We already have the administration of the acts concerning the treatment of tuberculosis. Perhaps I am prejudiced but I believe I am right in referring to other people who will tell us that the work of the Council in those directions is well done (Hear, hear); at any rate, I hope so.

As regards this immediate question, the Council was, first of all, invited by the Local Government Board to draw up a scheme for discussion, so as to have something to go upon. And when a scheme had been prepared, a conference was held at the offices of the Local Government Board. I think the most important point in the calling of that conference was the fact that it not only included representatives from London, but embraced representatives from the surrounding counties, and there were some other public bodies also represented. The conference, therefore, looked like developing a large and somewhat powerful scheme. The point of, perhaps, greatest importance was as to where these powers should be put into force. You can imagine, ladies and gentlemen, that there is such a thing as municipal pride; and you know, I daresay, that the members of the London County Council, like those of any other public body, are all very human indeed. (Hear, hear.) And some of them might like to dot all about London separate clinics, with the complete paraphernalia in each separately, so that they would be conveniently situated for everybody in the London area. That may seem all very well at first sight, but I put it aside at once, for I think you will agree with me that the scheme which we did adopt was the stronger one, from the administrative point of view, both as to efficiency and reducing the cost. The conference, including the representatives from outside London, agreed to coöperate in a scheme, and that scheme embodied negotiations with the existing institutions, that is to say, the hospitals which already existed, and endeavouring, as far as possible, to do the work through them. I would not dare to mention this definitely if it were not that I have a very sanguine hope that although the Council has not finally adopted this scheme, it will come to fructification before very long: you must not expect these things to go through in a week. We are, perhaps, a little bit like the "tanks" at the front: we go rather slowly sometimes, but when we do get there we are rather effective. And I have every hope that the scheme now before us will come to realisation at a very early date next

year. Such a scheme—and of course I have only gone into the outside principles of it—I think we shall all agree will help towards, first of all and chiefly, efficiency. It is manifestly better for the community—and we must look at something more than London, after all—better for the community, for the people of Essex, the people of Hertfordshire, the people of Kent, to have available for them that extraordinarily good advice which they would find in the London hospitals, and might not be able to reach otherwise. (Hear, hear.) Shortly, that is the advantage they will get. On the other hand, London gains an advantage, because whereas the cost of administering this act in London by itself amounts to a fairly large figure, they are so much in the way of estimates at present—though the scheme would bring in double the number as for London alone, it does not double the cost, it only increases it by something like 25 per cent. Of this cost, it is hoped that his Majesty's Government will find 75 per cent, and the remaining 25 per cent will be divided among the different localities, in a proportion which at present is a subject of discussion whether it is to be on the basis of the populations, or the number of patients, I can not say. We shall have further light upon the matter, perhaps, after an experiment for twelve months.

I do not wish to keep this meeting longer than to just give a skeleton of the scheme which I have outlined. The importance of the scheme as a whole is infinitely greater than is the importance of the mere details as to how it is to be administered. But I think it will give this meeting confidence if those present realise that the scheme I have alluded to is simple, businesslike and economical.

I would also like to mention that it is proposed that the treatment should be given, or could be if anyone desires to do so, in coöperation with his own doctor. He need not, for this purpose, hand himself over to the care of doctors who are strangers to him, at an institution several miles from home. This provision by which he can act with his own doctor will, I think, give people confidence. (Hear, hear.)

There is one other point which, before I sit down, I would like to lay stress upon. I want you to understand clearly about the hospitals. The County Council has no desire to interfere either with the management of the hospitals or with the cure of the patients while they are under the care of the hospitals. (Hear, hear.) It would not be dignified for us to seek to do so; indeed, it would be somewhat impertinent, and it is a principle which I hope we shall always carry out when we are dealing with such magnificent institutions as the hospitals of

London, and of which you, Mr. Chairman, have so kindly spoken this afternoon. (Applause.)

Sir Thomas Barlow: Every thoughtful person will agree that the problem of how best to deal with venereal diseases is one of the most difficult which the present generation has to consider.

It requires wisdom, experience, knowledge of human nature and knowledge of our present medical resources. The solution of the problem also requires us to remember that in a democratic country we ought to endeavour to convince and to convert before we attempt coercion.

I hope that everybody in this room either has, or will, carefully read the summary of results presented in the last report of the Royal Commission, or the very concise analysis of it which has been prepared by Dr. Douglas White. We of the National Council contend that this summary represents a reasonable and practical policy which deserves adoption as the fundamental step to be taken in the problem before us. We maintain that in spite of many divergences of opinion this fundamental step deserves the support of all conscientious people.

Now, what is the plan of the Commission which has been accepted by the Government and which is in process of enactment?

It is that this national menace and national evil should be met by national methods.

Treatment centres shall be formed in the principal towns and these shall likewise supply the needs of surrounding districts which shall work in conjunction with the towns.

The first desideratum is accurate and guiding diagnosis. In a large number of venereal cases no special chemical or microscopic examination is necessary. But in some cases it is imperative. When a clinical pathological laboratory in connection with a university or a medical school is available that is the most desirable installation where the investigations can be made. But in many county towns where no medical school laboratory exists there is an excellent laboratory in connection with the department of the medical officer of health.

Arrangements will have to be made for the examination of blood and of other material sent by any medical man so that dependable reports can be obtained as in the case of diphtheria and tubercle.

In the late cases of syphilitic infection the diagnostic investigation is often of great importance as a guide to the continuance or renewal of special treatment. As to the treatment centres themselves, whenever they can be established in near proximity to the laboratory it is obvi-

ously most advantageous. For this reason the medical school hospitals come in the first line of defence. But in county towns the principle is obviously desirable. Other hospitals, such as those for women and children and lying-in institutions, workhouse infirmaries, asylums and rescue homes are also suitable; lock hospitals have done splendid work and obviously come into the scheme, but it is not recommended that these should be multiplied but rather that preference should be given to special departments in general hospitals. We wish above all things to get people to come to these treatment centres. For that reason (1) the treatment is to be free. It is not desired that patients able to pay should leave their own doctors, but it is considered wise that the treatment should be open to all who wish to come. (2) With the object of making it easier for working men to attend, it is argued that evening clinics should be instituted and that these clinics should not be specially labeled. If diseases other than venereal can be treated at the same time it is advantageous. It is not desirable that evening attendance should become identified only with venereal complaints and nothing else. It has been found in some towns that afternoon clinics are more convenient for working women and evening clinics for working men.

What will be required in the way of in-patient accommodation?

In the vast majority of early cases these diseases are suitable for out-patient treatment and the patients can continue their work.

But when salvarsan or its substitutes are injected it is desirable that the patient should, after the first injection, be under observation for some hours. In general it is well to have a casualty bed available for the night.

But what is to be the arrangement in our medical school hospitals, county and special hospitals, which are really voluntary institutions?

The coöperation of these hospitals is entirely a voluntary thing on their part. The local government have the power to institute special centres and there will be no difficulty whatever in adapting the workhouse infirmary and the asylums. It has already been done with the greatest advantage in several cases. But it would be a terrible thing if the medical school and county hospitals held aloof from this national need, and refused help.

The Treasury is prepared to pay 75 per cent of the cost of diagnosis and treatment. Twenty-five per cent is to be paid by the municipality. It therefore only remains to hospital authorities to give facilities for the institution of departments with the minimum of dislo-

cation of administration. With respect to the gratuitous distribution of salvarsan to medical practitioners for panel practice, it is considered desirable that they should satisfy the special officer of the clinic that they are efficient in the technique of its administration and then there is no objection withholding it. It is hoped that arrangements might be made whereby general practitioners might take part as clinical assistants in these clinics and so acquire thorough and up-to-date acquaintance with new methods both of diagnosis and treatment.

In order to secure the confidence of the patients it is not contemplated that any records of names and addresses should be communicated to other people. The only objects of registration would be to control the supply of salvarsan and to keep such memoranda as would be advantageous to the patients if treatment for relapses should be desirable at a future period.

Now I wish to point out that the only compulsion in these measures is the compulsion of the municipal authorities to supply facilities for the treatment centres to be established and maintained. Otherwise it is essentially voluntary.

The participation of the hospital authorities is voluntary. If they do not wish to come in, the municipal bodies may start centres of their own. The participation of the patients is absolutely voluntary.

The coöperation of the general practitioners of the neighbourhood is voluntary.

I should like to deal with these groups of persons seriatim.

(1) The municipal bodies. There is ample opportunity for suburban and country districts surrounding a large town to combine with the town which is central to the district. The Chairman of the London County Council has explained what London is about to do. This plan will secure the best machinery for getting skilled personnel and the dependable diagnosis treatment. Our contention is that it is a logical development of the municipal obligations for sanitation for the treatment of other infectious diseases and for the maternal and child centres all of which are now getting freely recognized and adopted. With regard to the hospitals we have to consider (a) the governors who represent the subscribers, (b) the honorary and medical staffs.

(a) The Governors. In some hospitals there are express regulations forbidding the admission of venereal cases. We consider that in the interest of humanity these regulations should be abrogated. We have to remember that these diseases entail great suffering on innocent victims

and that those who are the original offenders often bitterly repent their wrongdoing and deserve the best endeavours for their relief and restoration to economic efficiency. It ought to be definitely understood that arrangements should be made to safeguard other cases from infection. This is easily done with a very little modification of existing arrangements. Venereal diseases are in their early stages generally out-patient diseases. A small ward with three or four beds will meet the requirements of severe and complicated early cases.

It is to be remembered that the early administration of salvarsan not only is supremely advantageous for the patients but is also the quickest method of rendering a syphilitic patient non-infective to his neighbours. Late nervous sequelae of syphilis are free from risk of infection to others and are already treated in most general hospitals.

(b) With regard to the medical staff. The Local Government Board plan suggests the setting apart of a specially trained officer for the venereal clinic to carry out the details of skilled treatment.

It may be sometimes found expedient that a junior member of the honorary staff shall with proper remuneration take this duty, or a special officer may be appointed *ad hoc*.

But in any case it is hoped that the staff will retain their hold on the diagnosis and treatment of venereal cases. The arrangements for the special officer will vary with the size of the clinic and other local needs. The medical officer of health and the municipal authorities only require guarantees that the special officer is efficient and that he is on the spot. The plan has many analogies with the arrangements found suitable for a tuberculosis department in a general hospital, but it will be simpler and less expensive because there is so very slight need of in-patient accommodation. There may be some difficulty in arranging for evening clinics. But if this is not done you will not be able to secure the attendance of working men, and the result will be only a partial success. It is desirable if possible to treat cases other than venereal ones at evening clinics. We don't wish to render evening attendance tantamount to an acknowledgment of venereal trouble. We must respect the confidences of the patients. Registration should be limited to what is required for keeping an account of the expense of the special remedies and to what is needed for the good of the patients, especially as regards relapse of symptoms and giving information of what has been previously learned in diagnosis and treatment. We ought I think to consider the needs especially of respectable married women. They can

often attend in the afternoon more conveniently than at night. If there is a demand for them we ought to encourage women's hospitals officered by women.

With respect to the general practitioners: it is most undesirable that they should look upon these treatment centres as being devised to take away their patients from them. At present an enormous number of venereal cases are treated by either quacks or by druggists. If the general practitioners will help to make these hospital clinics a success and meanwhile make themselves thoroughly equipped with the new methods we ought to look forward to bringing a large proportion of the working class population into a hearty recognition of the great superiority of treatment based on scientific knowledge and in the long run restore these patients from the hands of quacks into the hands of qualified practitioners.

It is hoped that they will bring their patients for the initial treatment and carry on the later stages under their own supervision and bring them to the clinic again if difficult relapses or complications occur.

With regard to the methods for acquiring acquaintance with new methods I should like to state that the Director General of the Army Medical Service has recalled Colonel Harrison to the Military Hospital, Rochester Row, and has sanctioned his giving instruction in these methods to civil practitioners. Classes for this kind of instruction are already in operation.

To sum up the whole question you may say, What do you propose?

To this I answer, (1) Get the treatment centres established as soon as possible, bearing in mind the difficulties arising from the very limited number of medical men available and the necessity of special equipment in the new methods.

(2) Get legislative powers to deal with quack advertisements and quacks.

(3) Give voluntary methods a fair trial. If they do not succeed be prepared to dispassionately reconsider compulsory treatment, but don't broach it now or you will effectually strangle the treatment centres and you will drive people more and more to the quacks.

Finally you must realise that compulsory notification by itself is no use and that we simply do not possess the adequate machinery or personnel for compulsory treatment even if we thought it a right measure to adopt.

SOCIAL HYGIENE LEGISLATION IN 1916¹

A SUMMARY OF BILLS BEARING UPON SOCIAL HYGIENE, INTRODUCED IN THE SEVERAL STATE LEGISLATURES HAVING SESSIONS IN 1916.

Part I contains a summary of bills under subject headings arranged in two divisions under each subject: (1) Bills which became laws, and (2) Bills introduced but which failed of passage. The arrangement is by states in alphabetical order. The subject headings are:—

- | | |
|---|-------------------------------------|
| (1) Age of consent, adultery, concubinage, rape, and seduction; | (5) Venereal diseases and marriage; |
| (2) Prostitution; | (6) Children; |
| (3) Injunction and abatement laws; | (7) Miscellaneous. |
| (4) State reformatories and industrial homes for girls; | |

Part II contains a list of bills introduced in each legislature, a brief statement of subject-matter or purpose, place of introduction, i.e., the Assembly or House or Senate, the calendar number, and, in each instance where the bill became law, the reference where it may be found.²

PART 1

1. AGE OF CONSENT, ADULTERY, CONCUBINAGE, RAPE, AND SEDUCTION

Mississippi: S. B. 95; Rape. To change penalty to life imprisonment. Signed by Governor.

New York: S. B. 836. Seduction. To make felony, by false pretense of marriage. Ch. 196, Laws 1916.

Virginia: S. B. 20. Age of Consent. To increase to fifteen years. Ch. 478, Laws 1916.

¹ For 1915 legislation see SOCIAL HYGIENE, Vol 11, No. 2, April, 1916, p. 245.

² The abbreviation Ch. (with number), and "Signed by Governor," following the description of a bill, indicate that the bill became a law.

The abbreviation preceding the description of a bill shows the Assembly, House, or Senate number of a bill.

The following abbreviations are used: Ch., Chapter; A.B., Assembly Bill; H. B., House Bill; S.B., Senate Bill; Sec., Section; No., Number.

The following bills failed of passage:—

Kentucky: S. B. 221. Seduction. To make felony, under promise of marriage to girl under 21.

H. B. 64. Seduction. To reopen case if defendant deserts within three years after marriage.

Louisiana: H. B. 85. Concubinage, to make felony.

Massachusetts: S. B. 197. Age of Consent. To increase to eighteen years.

H. B. 547. Adultery, divorce for. To provide for inserting name of co-respondent.

H. B. 647. Rape. To require physician to notify authorities of, of child under sixteen.

New York: A. B. 1575. Adultery. Not to excuse witness in prosecution for, on ground that testimony is self-incriminating.

South Carolina: H. B. 887. Seduction. To increase penalty.

Virginia: S. B. 370. Seduction. To make, of unmarried female under eighteen, a felony.

H. B. 696. Seduction. To amend Code, Section 3677, regarding females of previous chaste character.

2. PROSTITUTION

A. Laws which may be classified as *White Slave Traffic Acts*, or *Amendments thereof*

Kentucky: S. B. 316. Pandering. To prohibit. Ch. 49, Laws 1916.

The following bills relating to prostitution failed of passage:—

New York: S. B. 351. Prostitutes. To prohibit fining, upon conviction.

S. B. 943. Prostitution. To provide for apprehending female guilty of.

B. *Hotels and restaurants*

The following bills failed of passage:—

Kentucky: H. B. 476. Female employees. To make seduction or assault of by hotel guest, a felony.

Massachusetts: H. B. 998. Hotels. To authorize cities and towns to examine physically employees in.

New Jersey: A. B. 50. Females, to forbid employment as waitresses, etc., in dance halls, etc., where liquor is sold.

New York: A. B. 1244. Hotels. To make misdemeanor, to register at hotel with woman under assumed name.

3. INJUNCTION AND ABATEMENT LAWS

New Jersey: A. B. 337. Ch. 154, Laws 1916.

Virginia: H. B. 288. Ch. 463, Laws 1916.

The following bills failed of passage:—

Kentucky: H. B. 128.

Louisiana: H. B. 25.

Maryland: H. B. 502.

Mississippi: S. B. 347.

South Carolina: S. B. 613.

4. STATE REFORMATORIES AND INDUSTRIAL SCHOOLS FOR GIRLS

Kentucky: S. B. 160. Homes. To provide separate homes of reform for girls. Signed by Governor.

The following bill failed of passage:—

Massachusetts: H. B. 2143. Reformatory for women. To construct department at, for female defective delinquents.

5. VENEREAL DISEASES AND MARRIAGE

Massachusetts: H. B. 1882. Syphilis. Appropriation of \$10,000, to State Board of Health, to manufacture and distribute medicine. Ch. 47, Laws 1916.

New York: A. B. 865. Marriage. To make felony for married person to take out license to marry another. Ch. 482, Laws 1916.

South Carolina: S. B. 668. Wassermann tests. State Board of Health to make, without charge. Act 551, Laws 1916.

6. CHILDREN

Kentucky: S. B. 78. Children. To make desertion of, under sixteen, a felony. Signed by Governor.

Maryland: H. B. 587. Delinquent children. To give circuit courts control of, employ psychologists, etc. Ch. 326, Laws 1916.

H. B. 669. Child. To prevent separating, under six months, from mother, to place in institution, unless necessary. Ch. 210, Laws 1916.

Massachusetts: S. B. 373. Delinquent child. To provide for juvenile session of court on trial of, Ch. 243, Laws 1916.

The following bills failed of passage:—

Kentucky: S. B. 57. Children and wife. To make misdemeanor to abandon or fail to support.

Massachusetts: S. B. 231. Defective children. To commit, growing up in idleness and ignorance, to county training schools.

H. B. 122. Children. To be committed to care of probation officer on neglect of parents.

New Jersey: S. B. 124. Children. To appoint commission to study and revise laws concerning welfare of.

S. B. 230. Children and wife. To make abandonment and non-support of, a misdemeanor.

New York: S. B. 1260. Children. To provide juvenile employment bureaus.

Rhode Island: H. B. 33. Child welfare. To provide local boards of, in each county.

South Carolina: S. B. 661. Contributory delinquency. To punish person responsible for, in case of child under sixteen.

S. B. 849. Illegitimate children. To be legitimized by subsequent marriage of parents.

Virginia: H. B. 578. Girls. To protect, under eighteen.

H. B. 694. Children and wife. To make desertion of, or neglect to support, a misdemeanor.

MISCELLANEOUS

New Jersey: S. B. 209. Playgrounds. To authorize use of parks as. Ch. 59, Laws 1916.

S. B. 210. Playgrounds. To authorize boards of education to improve and equip as. Ch. 227, Laws 1916.

The following bills failed of passage:—

Louisiana: S. B. 331. Abortion. To make felony to attempt to procure.

New Jersey: S. B. 255. Psychopathic Hospital. To establish.

New York: S. B. 378. Playgrounds. To authorize villages to establish.

S. B. 394. Mental deficiency. To appropriate \$10,000 to establish clearing house for, to investigate causes.

Rhode Island: H. B. 41. Morality. To amend Section 18, Ch. 347, General Laws, relating to offenses against.

South Carolina: H. B. 886. Bastardy. To amend Section 894, C.C. 1912, concerning annual payment of penalty for.

PART II

Kentucky: S. B. 57. Wife and children. To make misdemeanor to abandon or fail to support.

S. B. 78. Children. To make desertion of, under sixteen, a felony. Signed by Governor.

S. B. 160. Girls. To provide separate homes of reform for. Signed by Governor.

S. B. 221. Seduction. To make felony under promise of marriage to girl under twenty-one.

S. B. 316. Pandering. To prohibit. Ch. 49, Laws 1916.

H. B. 64. Seduction. To reopen case if defendant deserts within three years after marriage.

H. B. 128. Injunction and abatement.

H. B. 476. Hotel employees. To make seduction or assault of, by guest, a felony.

Louisiana: H. B. 25. Injunction and abatement.

H. B. 85. Concubinage. To make felony.

H. B. 331. Abortion. To make felony to attempt to procure.

Maryland: H. B. 502. Injunction and abatement law.

H. B. 587. Delinquent children. To give Circuit Courts control of, employ psychologists, etc. Ch. 326, L. 1916.

H. B. 669. Child. To prevent separating, under six months, from mother, to place in institution, unless necessary. Ch. 210, L. 1916.

Massachusetts: S. B. 197. Age of Consent. To increase to 18 years. (Amending Section 23, Ch. 207, R.L.)

S. B. 231. Defective children. To commit, growing up in idleness and ignorance, to county training schools.

S. B. 373. Delinquent child. To provide for juvenile session of Court on trial of. Ch. 243, L. 1916.

H. B. 122. Minor children. To be committed to care of probation officer on neglect of parents.

H. B. 547. Divorce for adultery. To provide for inserting name of correspondent.

H. B. 647. Rape. To require physician to notify authorities of, of child under sixteen.

H. B. 998. Hotels. To authorize cities and towns to examine employees in.

H. B. 1882. Syphilis. Appropriation of ten thousand dollars to state board of health to manufacture and distribute medicine. Ch. 47, Laws 1916.

H. B. 2143. Reformatory for women. To construct department at, for female defective delinquents.

Mississippi: S. B. 95. Rape. To change penalty to life imprisonment. Signed by Governor.

S. B. 347. Injunction and abatement.

New Jersey: S. B. 124. Children. To appoint commission to study and revise laws concerning the welfare of.

S. B. 209. Playgrounds. To authorize use of parks as. Ch. 59, L. 1916.

S. B. 210. Playgrounds. To authorize boards of education to improve and equip. Ch. 227, L. 1916.

S. B. 230. Abandonment and non-support. To make misdemeanor, of wife and children.

S. B. 255. Psychopathic Hospital. To establish.

A. B. 50. Females. To forbid employment as waitresses, etc., in dance halls, etc., where liquor sold.

A. B. 337. Injunction and abatement law. Ch. 154, L. 1916.

New York: S. B. 351. Prostitutes. To prohibit fining upon conviction.

S. B. 378. Playgrounds. To authorize villages to establish.

S. B. 394. Mental deficiency. To appropriate ten thousand dollars to establish clearing house for; to investigate causes.

S. B. 836. Seduction. By false pretence of marriage, to make felony. Ch. 196, L. 1916.

S. B. 943. Prostitution. To provide for apprehending female guilty of.

S. B. 1260. Children. To provide for juvenile employment bureaus.

A. B. 865. Marriage. To make felony for married person to take out license to marry another. Ch. 482, L. 1916.

A. B. 1244. Hotel. To make misdemeanor, registering at hotel with woman under assumed name.

A. B. 1575. Adultery. Not to excuse witness in prosecution for, on ground that testimony is self-incriminating.

Rhode Island: H. B. 33. Child welfare. To provide for local boards in each county.

H. B. 41. Morality. To amend section 18. Ch. 347, Gen. Laws, relating to offences against.

South Carolina: S. B. 613. Injunction and abatement.

S. B. 661. Contributory delinquency. To punish person responsible for, in case of child under sixteen.

S. B. 668. Wassermann tests. State Board of Health to make without charge Act 551, L. 1916.

H. B. 849. Illegitimate children. To be legitimized by subsequent marriage of parents.

H. B. 887. Seduction. To increase penalty.

H. B. 886. Bastardy. To amend Sec. 894, C.C. 1912, concerning annual payment of penalty for.

Virginia: S. B. 20. Age of consent. To increase to 15 years. Ch. 478, Laws 1916.

S. B. 370. Seduction. To make, of unmarried female under eighteen, a felony.

H. B. 288. Injunction and abatement law. Ch. 463, L. 1916.

H. B. 578. Girls. To protect, under eighteen.

H. B. 694. Wife and children. To make desertion of or neglect to support, misdemeanor.

H. B. 696. Seduction. To amend Code, Section 3677, regarding females of previous chaste character.

THE BROOKLYN HOSPITAL DISPENSARY, GENITO- URINARY DEPARTMENT

The accompanying charts show the growth of the organization of the genito-urinary department of the Brooklyn Hospital Dispensary, since the appearance of Dr. Thomson's article in the January, 1916, issue of SOCIAL HYGIENE.

For the purpose of calling the patient's attention to appointments, a placard is hung on the door of the clinic where the patient sees it at each visit as he opens the door. The old card used before the reorganization and the establishment of the syphilis division was worded as follows:—

YOU MUST COME TO THE CLINIC REGULARLY FOR TREATMENT

If You Have a Green Card [Green Card] Come Every Wednesday For Syphilis	If You Have a Yellow Card [Yellow Card] Come Every Thursday For Syphilis
Come Every Monday and Friday For Gonorrhea	Come Every Tuesday and Saturday For Gonorrhea

DO NOT STOP TREATMENT UNTIL THE DOCTOR TELLS YOU THAT
YOU ARE WELL

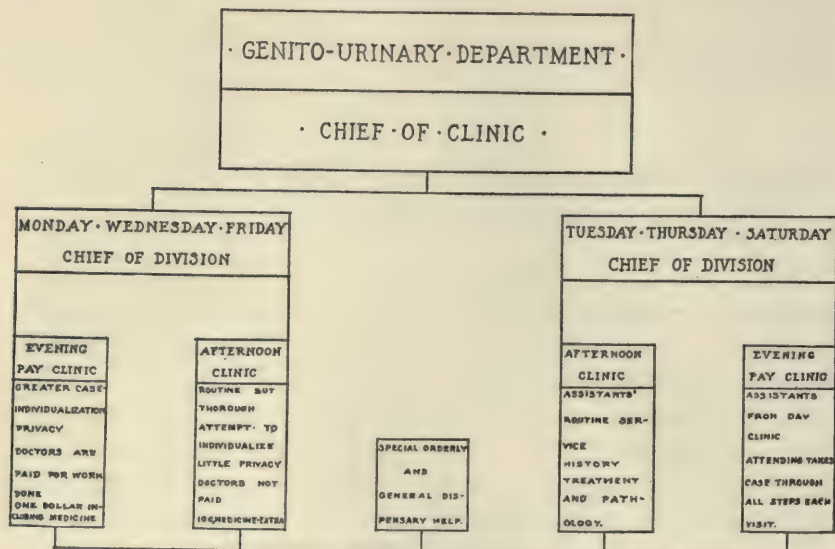
The new door card which has been used since the reorganization is as follows:—

YOU MUST COME TO THE CLINIC REGULARLY FOR TREATMENT

If You Have a Green Card [Green Card] Come Monday and Friday (Unless Doctor tells you to come Wednesday)	If You Have a Yellow Card [Yellow Card] Come Tuesday and Saturday (Unless Doctor tells you to come Thursday)
If You Have a Yellow Card Stamped G.U.S.T. [Yellow Card, Stamped G.U.S.T.] You Must Come Every Thursday	

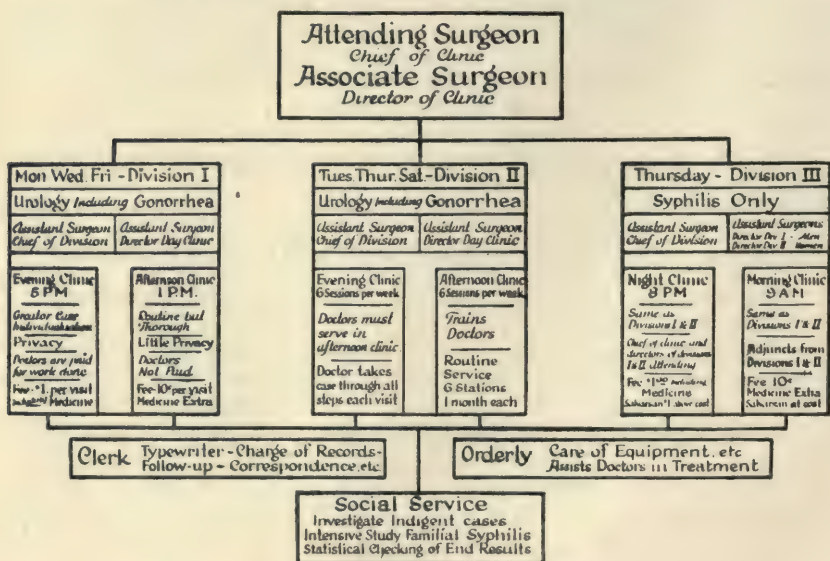
DO NOT STOP TREATMENT UNTIL THE DOCTOR TELLS YOU THAT
YOU ARE WELL

SCHEME OF ORGANIZATION, BROOKLYN HOSPITAL DISPENSARY GENITO-URINARY DEPARTMENT



As it was prior to September 14, 1916

Brooklyn Hospital Dispensary Organization Scheme of Genito-Urinary Department



As it is since reorganization and formation of special syphilis division

The following figures will serve to show the growth in attendance in the syphilis division of the clinic which is the feature of the reorganization scheme:—

Active cases, January 1, 1916.....	108
New cases admitted during 1916.....	313
New cases admitted up to January 20, 1917.....	45
	—
	466
Dropped, to date, as closed cases.....	97
	—
Active cases, January 20, 1917.....	369

The record of the clinic in the number of visits made by patients is interesting by comparison with some figures published in the June, 1915, issue of *SOCIAL HYGIENE* in an article, "Survey of Venereal Clinics in New York City" by B. S. Barringer and Philip S. Platt; these figures are for syphilis cases only.

NUMBER OF VISITS	BROOKLYN HOSPITAL CLINIC		CLINIC A (SEE ABOVE ARTICLE)	
	Patients	Percentage	Patients	Percentage
1	45	11	34	29
2-5	98	29	35	29
6-10	71 ¹	17	15	13
10-20	90 ¹	21	10	9
20+	93 ¹	24	22	19

¹ The majority in these groups are still under treatment and some in each are moving up from time to time into the higher groups. Deducting from the total, 15 discharged as cured, 65 discharged as improved (all of whom have had at least three doses of salvarsan), and 89 discharged unimproved, there remain of the 420 original patients included in the Brooklyn Hospital percentage, 251 who are still under treatment.

Nearly three times as large a proportion dropped out after one visit at "Clinic A" as at the Brooklyn Hospital, and twice as many made ten to twenty visits at the Brooklyn Hospital.

This result has been obtained through continued effort both on the part of the physicians in dealing with the patients at the clinic and by means of continued follow-up work. A careful record of attendance is kept and three follow-up notices are sent

out, one week apart, to patients failing to report for treatment. These notices are sent out as first-class mail in envelopes bearing only the street number of the dispensary. The total volume of follow-up work, including first, second, and third notices, where all were necessary, involved the sending out of 1653 notices. Of this number 102 were returned by the post-office as "wrong address;" 97 patients were heard from by mail, telephone, or otherwise, and 377 returned for treatment. This does not mean that out of 1653 patients only 377 returned, because, as already noted, this number of notices included in some cases three or more to the same patient, the period covered is from September 14, 1916, to January 20, 1917.

BOOK REVIEWS

SLAVERY OF PROSTITUTION—A PLEA FOR EMANCIPATION. By Maude E. Miner, Secretary of the New York Probation and Protective Association. New York: The Macmillan Company, 1916. 308 p. \$1.50.

Miss Miner presents her interesting book to the public as a survey of existing conditions, but looking toward new and better ways of attacking the vice problem. The book is a comprehensive treatment of the "supply" side of the evil, presenting in a practical light the many vicious influences surrounding the potential and actual prostitute. The information is presented in a sympathetic and popular way and should be on the desk of both the social worker and the interested layman for reading and study.

Miss Miner has gained her information through a specific study of one thousand or more cases, and during intimate knowledge of many thousands of girls while probation officer in the night court, head of Waverley House, and as secretary of the Probation and Protective Association in New York City. Miss Miner is convinced that the girls are by no means necessarily vicious or depraved, and that they can be saved both by reclamation and by prevention.

She sets forth most strikingly the nature of the prostitute's enslavement. It is not a physical slavery, but one much more subtle and harder to break away from—moral slavery. It is the breaking down of moral fiber, the fear of facing the world from which she has stepped down, the hold that her distorted emotions have upon her—it is these shackles that hold the unfortunate girl to her life of commercialized vice. To those who have questioned the validity of the term "White Slavery," Miss Miner's splendid analysis will present a new meaning.

The first four chapters deal with existing conditions. They present the girls' own stories in the night court; the personal factors, as, for example, who the girls are, their age, nationality, etc.; and the social factors. In broken, overcrowded, and sweat-shop homes, in anti-social work and low wages, in bad recreational facilities, Miss Miner finds important reasons for the girls' downfall. The fourth chapter deals with the White Slave trade. It sets forth the traffickers' methods of procuring, showing how procurers go even to the extreme of actually marrying the girls in order to secure them for the business.

Chapter V deals with legislation and the difficulties and results of law enforcement, pointing out, for example, the too frequent lack of coöperation between police and court.

Chapters VI-X deal with remedial agencies and measures. At Waverley House in New York the girls in greatest distress are provided with a temporary home. Here they are carefully examined and assigned accordingly to a home for the feeble-minded, to a house of correction, to a hospital, or to Hillcrest Farm, which is maintained in conjunction with Waverley House. If they are in condition to work the effort is made to place them in a suitable position. The brief stay at Waverley House offers a wholesome, though all too transitory, home environment with due religious and recreational influences and training in domestic work. Miss Miner sets forth clearly the urgent need of a municipal house of detention with adequate facilities for providing such an environment for all needy girls and for detaining witnesses and less hardened girls who should not be subjected to the evil influences of a prison.

The accomplishments of Hillcrest Farm offer great encouragement and inspiration. Girls go there to be built up and regenerated, away from the pitfalls and sordid viciousness of their former lives. Wonders are accomplished not only in physical recuperation, but in the restoration of hope and in a new-found determination to go right and make good in the world.

Emphasis is placed on the task of qualified probation officers, and of agencies for industrial training, recreation, and religion. The Girls' Protective League—a voluntary organization of girls who are interested and effective in ascertaining and improving the conditions of working girls and in helping those in great need—shows what can be done for girls by girls themselves.

Miss Miner closes her informative and sympathetic account of the conditions which lead to the enslavement of thousands of our young and often innocent girls in this most heinous of all evils, with an appeal to all of us to do our share in instituting social measures of reform.

J. and M. R-M.

THE WAY LIFE BEGINS. By Bertha Chapman Cady and Vernon Mosher Cady. New York: American Social Hygiene Association, 1917. 78 p. \$1.25.

For a long time there has been needed a simple, concise, straightforward book for the average, intelligent parent, giving him or her the

essentials of the knowledge of the origin of life. This, the authors of *The Way Life Begins* have done, and done well. Their book is simple, intelligible to the layman who has no preliminary knowledge of the subject, and accurate in its scientific statements. And it is brief—not so long as to appall and frighten away the average person. Better yet, it is inherently interesting, and logically effective—and, above all, it is absolutely free from that pseudo-religious affectation that makes nearly all of such work nauseating. Most men, and especially women, who write on this subject, seem to think it a matter to be treated in a way different from other subjects of physiological importance. There is no more reason for inserting the word “God” in every other sentence of a book on this subject than in a book on the operation of the digestion or the construction of the human eye. These wonders of the Creator’s handiwork are no more wonderful, no more mysterious, no more awe-inspiring, no more essential to the continuity of the race, no more expressive of the majesty of the Divine will, than in the inscrutable chemistry of the soil, or the mystery of why the stomach does not digest itself.

Although the book is written in simple language it may be that many mothers—and it will be used most of all by mothers—will find some of the words and statements incomprehensible, for there are thousands of women who come to the point of childbirth without even the most rudimentary knowledge of the physiology, to say nothing of the terminology, of the process going on within them. They have been subjected to an experience for which they had not the slightest intellectual preparation, the whole process has been to them a thing of perhaps even disgust and horror. The great mitigation is in the fact that there is going to be a child, a dear baby of their own. For most of them that goes far to take the curse off. There seems to be need for a book that will approach the subject from this situation as a point of departure, and that will lead the mind of the woman reader, married or unmarried, into a different feeling about the whole matter. This is done in *The Way Life Begins* by inference and perhaps it is just as well not to complicate this particular book with consideration of that matter.

Another thing: it seems very important that parents should face the fact that in their boys and girls (boys especially but girls also—far more than people realize) there burns the same fire of sex impulse, passion, lust, call it what you will—that has burned in themselves; very likely far more intensely; and that there must be a close under-

standing of this in its bearing upon the most commonplace facts and relationships of life. There are many instances of people who have made a real effort to give children information such as is found in this book, only to discover that servant girls have undermined the care of the parents who never had the smallest suspicion that their boys were "going astray" right under their noses.

In the concluding chapter, the authors deal with the general moral bearing of the subject, and it is clear and satisfying, but perhaps too general and discursive and sociological to "get over" effectively to the ordinary parent—a good deal more emphasis could be placed with benefit on specific matters. For example, very pointed recognition might be made of the fact that the fashions in women's dress are usually designed to emphasize the femaleness of the woman's body. It never fails; the fashions change in order to compel the purchase of new things, but they always emphasize the sex element. Now, this may be a thing to be viewed with complacency as it concerns grown people; so long as women are compelled by economic necessity to compete for men in order to keep clothes on their backs, food in their stomachs, and roofs over their heads; to compete for men whose training and lives are such as to emphasize the material aspects of their existence—this may be more or less unavoidable. But, at the same time that we pretend to be sheltering our boys and girls from the sexual appeal, to dress the latter as we are dressing them now, and to surround the former in their adolescence with suggestion increasingly inciting—it's a thing that parents ought to think about definitely and sanely. Moreover, girls should be given a very clear notion of the mischief they may do in their relations with boys who already have on hand a struggle sufficiently hard. It may make them self-conscious, to be sure—no doubt it would be better to keep them in ignorance if you could do it, but you can't! and however dangerous knowledge may be, ignorance is vastly more so. And knowledge is a thing to be given straight if at all. It may be risky to tell the truth to children, but it's a million times more risky to lie to them!

Be all this as it may, the authors are to be congratulated upon their book; for it is by far the best of its kind that has appeared.

J. P. G.

THE KINGDOM OF THE MIND. HOW TO PROMOTE INTELLIGENT LIVING AND AVERT MENTAL DISASTER. By James Mortimer Keniston. New York and London: G. P. Putnam's Sons, 1916. 245 p. \$1.25.

PSYCHOLOGY OF THE UNCONSCIOUS. A STUDY OF THE TRANSFORMATIONS AND SYMBOLISMS OF THE LIBIDO. By Dr. C. G. Jung. Authorized translation, with introduction by Beatrice M. Hinkle, M.D. New York: Moffat, Yard and Company, 1916. 566 p. \$4.00.

THREE CONTRIBUTIONS TO THE THEORY OF SEX. By Prof. Dr. Sigmund Freud, LL.D. Authorized translation by A. A. Brill, Ph.B., M.D. New York: Nervous and Mental Disease Publishing Company, 1916. 117 p. \$2.00.

Men of earnest purpose and sincere desire to aid mankind are seeking to guide him to a control of his mental powers and to assist in stemming the increasing tide of mental breakdown and suffering. These three books recently published set before us the two methods of approach toward this very practical problem.

The underlying purpose is none the less sincere in either method but the one has long proved its futility unless the broader and more dynamic spirit of the second be infused into it. Keniston would bring his hearers and readers to a healthy and effective knowledge and control of the individual "Kingdom of the Mind." He has had long experience with that failure which results in mental disease. Yet his book disappoints. His admonitory platitudes under the old classification of the "faculties" of the mind are bewildering and hopelessly lacking in stimulation or practical information concerning one's ability to get hold of latent or recalcitrant powers and secure a driving mastery which will utilize them all toward some real purpose. He has not fulfilled in any degree the promise that seemed to lie in the preface—to take into account "*everything* about man—his ancestry, inheritance, environment, occupation, age, mode of life, habits, propensities."

Such a catalogue must, at any rate, be unified, just as must his detailed advice, in some impelling conception which takes account of man's place as a developing product and agent amid all that makes and has made his environment. This stimulating and expanding conception forms the theme of Jung's *Psychology of the Unconscious*. It is a

study which reaches into the profoundest depths in order to understand man's dynamic nature, to find its moving power, "libido" it has come to be called. He would discover how, racially and individually, this libido passes through a series of transformations in its seeking for adequate expression. The trend of this energy, this libido, is upward in the progressive path of continuous creation. Nevertheless, it has, on the other hand, to reckon with another tendency, that regressive one which would draw man to the paths of indolence, of pleasure attainment, which is represented by the safe and pleasant security of his infantile existence at the source of life. The author has presented the marvelous range through which this struggle of the libido has swept in the effort of adjustment of the individual, as well as in the upward evolution of the race, with a consideration of the symbolic forms through which it has sought expression and by which it has continued to mount, giving a new view of their value and contribution to development. It is a book of broad conceptions of the unity of racial and individual effort and of the failures and successes which attend the continuous upward striving.

Freud's masterly study of infantile sexuality gives in clearer detail the early components which enter into this great endeavor, as they contribute to the final complete success in creative fulfilment as represented first of all in matured sexuality or as they become pitfalls, fixation points, which stop and hold the libido from complete development and thus prepare for the maladjustments which are mental sickness. With his rare courage he strikes straight at factors in the child's development which psychoanalysis has found do exist and do exert this power for good or ill in later life. They have remained unrecognized and unvalued because they are those factors which have fallen necessarily under repression in the process of education and hence the antagonism to our recognition of them. None the less are they therefore of utmost importance in the understanding of the human being and his mental weal or woe.

Thus homilistic advice, as that of Keniston, concerning the mental life can have value only when it is informed by such an inspiring and compelling dynamic unity, which finds the primary sources of man's endeavors, failures, and successes and seizes also the unlimited possibilities of well directed energy.

S. E. J.

MY BIRTH. By Armenhouie T. Lamson. New York: The Macmillan Co., 1916. 190 p. \$1.25.

This book is an attempt to describe the development of the human fetus in autobiographical form for the delectation of the general public. We could hope that the general public would not take kindly to the experiment but we fear it will. The topic is so new, has been so hidden away, as the author truly observes, in inaccessible medical works, and so shrouded in unintelligible medical polysyllables that the general public will gulp down "ectoderm" and "chromosome" and "notochord" in a passionate longing to be informed.

That the judicious continue to grieve is beside the point. The smatterings of embryology herein set forth by this pre-suckling are harmless enough. But the language is the language of the débutante.

How that dear old professor of biology will shudder at the Odyssey of the ovum.

"The outer wall of the ovary . . . broke and I was discarded. . . . As I had no means of self-locomotion, I was entirely at the mercy of the elements about me in the lower abdominal cavity, where it was dark and all quiet, except for the mysterious gurgling within the intestines. . . .

"When I recovered from the shock of such a sudden and forceful transportation, I found myself in a narrow tubelike passage, called 'Fallopian tube.' As it was very dark and very close about me, I was sure my end was at hand. But then a great miracle took place. I suddenly felt myself forcefully held and lovingly embraced by a friendly little stranger, known as the male germ cell or 'Spermatozoon,' during which act the male element disappeared within my body."

But the professor of biology will not use this volume as a textbook; have no fear.

E. L. K., Jr.

THE EUGENIC MARRIAGE. A PERSONAL GUIDE TO THE NEW SCIENCE OF BETTER LIVING AND BETTER BABIES. By W. Grant Hague, M.D. New York: Review of Reviews Company, 1916. Four vols. 656 p. with illustrations. \$1.50.

Eugenics is hardly recognizable in the presentation of Dr. Hague; it includes everything down to the evils of patent medicines (four chapters), the national menace of delicatessen stores, and the best means to make children stop sucking their thumbs. What he does say about

eugenics, properly so called, is marked by a good deal of error and exaggeration, and a failure to understand what eugenics is, as well as by enthusiasm and sincerity. A great deal of space is devoted to sex hygiene, but the author's remarks are so frequently exaggerated and alarmist that they are likely to do more harm than good. "It has been conclusively demonstrated," he tells us in italics, that if conditions remain as they are now, "every second child born in this country, in fifty years, will be unfit; and, in one hundred years, the American race will have ceased to exist." But the remedies he proposes for this imaginary state of affairs would often aggravate rather than relieve the disease. Dr. Hague has a good deal of sound advice on childbirth and the care of children, but his four volumes are so full of misstatements and loose thinking that they can not be recommended as a reliable guide.

P. P.

THE PURCHASE OF WOMEN—THE GREAT ECONOMIC BLUNDER. By the late Dr. Elizabeth Blackwell. London: G. Bell and Sons. First printed. 1886, reprinted, 1916. 54 p. 3d.

First published thirty years ago, this voice from the past sounds as clear today, as when first heard. In these thirty years many changes have occurred to mitigate the evil which Dr. Blackwell writes about so earnestly. The organized White Slavery, so common in her day, has been almost abolished in civilized countries, and prostitution has steadily been made more unprofitable and precarious. Still the evil continues, and will continue until the moral and religious forces so improve the character of men that this evil will be reduced to a minimum.

Dr. Blackwell's book consists of two parts. The first is a brief, logical treatise on economics, leading to a discussion of the effect of "the purchase of women" on industry.

The second part takes up the subject in detail, showing that social vice deteriorates character, discredits honest labor of both men and women, depresses their wages, and forces them into a condition analogous to slavery. She shows how a society which tolerates vice inevitably develops hypocrisy and becomes unsound at heart.

Dr. Blackwell, at the close of her booklet, places the responsibility for all these evil results squarely where it belongs: "Who is guilty of this appalling conversion of women into demons; this contagion of evil which in ever-widening circles is destroying our moral health, and injuring the modesty, freedom and dignity of all womanhood? *The im-*

mediate cause is the man, whether prince or peasant, who purchases a woman for the gratification of lust. It is this purchase which draws women into the clutches of a money-making machine which never loosens its hold of the feeble creature until the essential features of womanhood are crushed out of recognition."

O. E. J.

THE HIDDEN SCOURGE. By Mary Scharlieb. With a foreword by the Lord Bishop of London. London: C. A. Pearson, Ltd., 1916. 96 p. 1 s.

CRADLES OR COFFINS. By James Marchant. With a foreword by the Lord Bishop of Birmingham. London: C. A. Pearson, Ltd., 1916. 96 p. 1 s.

These two volumes are the first members of the timely and serviceable manuals of the National Life Series issued under the authority of the National Council of Public Morals for Great and Greater Britain which aims at the spiritual, moral, and physical regeneration of the race. The first book is a clear and convincing exposition of the calamities which follow in the wake of venereal disease. It recognizes that for some time there have been forces at work trying to enlighten the public in this respect and that at last people are beginning to awaken to the dangers. But it is also a plea for the spread of knowledge and the growth of ideals which shall make for the purity of personal life and the protection of public health.

The second book, as may be gathered from its rather lurid title, is devoted to a consideration of the decreasing birth-rate and its effects upon the race. Statistics are given and facts examined which show that not only is there a decline in the birth rate but that there is a great and unnecessary loss of life among infants, due to ignorance on the part of the mothers as well as to economic causes. Birth control and family limitation are touched upon, and while there is some matter for criticism, the aim of the book is in the right direction and it is written with a sincere purpose and should be read by thoughtful men and women without prejudice.

THE ULTIMATE BELIEF. By A. Clutton-Brock. New York: Dutton, 1916. 132 p. \$1.

The calamity of war leads us to consider the worth of our boasted civilization and of the systems of education determining the conduct

of peoples, for the ultimate foundation of every state is a way of thinking. Behavior is the result of belief, and a sound belief inspiring to strength of character should be the result of education. Our author states that "the test of good teaching is that it shall be believed and shall benefit those who believe it."

In his paper on "Cross Currents in English Education," Dr. Michael Sadler quotes from a German writer as follows: "Each man is a wheel in the huge machine which is called the German Empire, but more rightly the German System. The wheel does not know, and does not need to know, anything but that it must turn with all its might according to the order of the higher wheels. Neither do the higher wheels themselves know anything. They, too, turn as the mechanism orders them to turn. In each subordinate member of the system, intelligence must limit itself to the work assigned to it to do. The electric current which drives the whole machine comes from above. One might almost say that it comes from an unknown source, for the electric current is impersonal." This is a system which can be taught to all alike and can be believed by all alike. It responds to the test of good teaching in that it is believed, it gives efficiency and unity to the people; but it is false in that it does not benefit those who believe it, as shown by Germany's conduct in the present war.

In the English system of education, on the other hand, Mr. Clutton-Brock sees a lack of coherence and consistency. It is not expressive of the national purpose nor does it fully meet the national needs. Education should offer a reasoned philosophy as to the mind of man, the purpose of his life, the nature of the universe, thus forming the groundwork of that ultimate belief from which results the nation's behaviour, a teaching which will benefit those who believe it. What is this philosophy upon which English education should be based so that it may produce an efficient, united people, a people which will not fall into the errors of the Germans and which may escape from the errors and weaknesses peculiar to themselves?

There is need of a philosophy for all, and our author tells us what he believes this philosophy should be—namely, the Philosophy of the Spirit. The spirit desires goodness, truth, and beauty, each for its own sake, and the purpose of the life of man is that he may pursue these three desires, thereby exercising the activities of his spirit but if pursued for ulterior ends, the nature of these desires changes.

"Spiritual education is an education in moral, intellectual and aesthetic disinterestedness." We must have faith in the spiritual pos-

sibilities of the child, we must help him to recognize his innate desire for spiritual activities and to value this desire as higher than any desire of the flesh. We can accomplish our object not by exhorting him to do good for the sake of happiness, to seek truth because it is useful, and beauty because it gives pleasure, but by a philosophical explanation of the nature and value of his own spirituality, which will stimulate him to see that this is not a matter to be ashamed of as peculiar to himself, but is universal, to be discussed as is any plain matter of fact, to be regarded as universally interesting.

We can succeed in the pursuit of goodness only to the degree by which our thought is uninfluenced by considerations of personal gain, just as is the case in the pursuit of truth. "We have fatally separated doing good from the reasons why we do it" in our teaching of ordinary morality to the young. We enlarge upon the gain of personal happiness from right conduct, teaching a commercial morality which youth is keen to see through, knowing, as it does, that the consequences of right doing are not necessarily happy. Much of the perversity of youth, much of the belief that morality is all convention, might be cured could we make it clear to the child "that he should do right for the sake of doing it and that goodness consists in that and in nothing else."

Mr. Clutton-Brock's views in regard to punishment, while by no means new, are worth noting. The object of punishment is to prevent the young from acting in a manner harmful to themselves or to others. It should show the child how the world, outside his own family circle, reacts to those who are troublesome as members of society. He should be disciplined into obedience through the strengthening of his own innate desire to do right.

The desire for truth is the intellectual activity of the spirit. It is concerned with thought rather than with action. For the same reason that the spirit desires goodness for its own sake, so it desires truth for its own sake. We must appeal to the intellectual conscience in education. The child is to learn because knowledge is the means toward truth, and if it is pursued without this desire for truth being kept clearly in mind, the child can see no meaning and no beauty in learning.

We are less conscious of the aesthetic activity than of the moral and intellectual activities of the spirit. If it is a mistake to value goodness as the source of happiness and truth as the source of usefulness, it is equally so to value the aesthetic activity as the source of pleasure.

The fullness of our lives depends upon the degree in which we understand and value this aesthetic activity through the exercise of which we come to realize the beauty and glory of the universe.

In his conclusions, the author states that we must hold as a dogma a belief in the possibility of spiritual activities in every child. By education we cannot hope to change the fundamental nature or equipment of the individual, but by faith in the spirit that is in everyone, we can help the child to understand and to pursue his own spiritual desires, to realize the relation between these and the desires of the flesh, thus leading him to that freedom which shall help him to express the best that lies in his own individuality. An education dominated by this ultimate belief in goodness, truth, and beauty, should strengthen the desires of the spirit through the years before the age of puberty is reached, thereby helping to safeguard children against the dangers of that period. The overwhelming power of the sexual instinct is often due to the sense of mystery and romance which it brings to youth. It is something intensely real and personal. If imbued with the sense of the reality and romance of life which comes through the activities of his spiritual desires, youth will be better able to control the force of this new physical reality which comes upon him with puberty and to resist the desires of the flesh. Our education is to blame for its materialism in looking upon life as without romance except for this one kind—the sexual romance of youth. The highest service which we can render the future lies in education, and spiritual freedom is the fundamental requisite of such service.

S. D. H. D.

READINGS IN SOCIAL PROBLEMS. By Albert Benedict Wolfe. Boston: Ginn and Company, 1916. 804 p. \$2.80.

This is another of the excellent volumes of *Selections and Documents in Economics*. Though an outgrowth of work with college classes and intended primarily for use with such, nevertheless, the problems treated are of such universal human interest and the selections of such high excellence that many general readers will find the volume both interesting and informing.

The readings are grouped under five books dealing respectively with *Problems of Population; Immigration; The Woman Problem; Marriage and Divorce; and The Negro Problem in the United States*. To a limited extent the selections are designed to give an historical treatment

of the subjects. This is accomplished in some cases by statistical tables, as for immigration and the declining birth rate, and in other cases by selections portraying the development of ideals.

Needless to say the selections are chosen from a wide range of literature. In such a collection where material is abundant determination of what to include and what to reject is necessarily a strain upon the judgment and perhaps also upon the emotions. Criticism is therefore likely to reflect merely personal bias rather than real differences in excellence. The advisability of including the negro problem at the expense of an abbreviated treatment of questions of woman and the family must be determined by the demands of college teachers. One may feel that the section on eugenics should have contained something directly from the pen of Galton or Pearson and that a place should have been found in Book III for Ward's gynaeocentric theory, etc. But space has its limitations in all practical affairs and teachers will find most of the selections useful, and, when so desired, readily supplemented by assignments in other favorite authors.

F. H. H.

GIRLHOOD AND CHARACTER. By Mary E. Moxcey. New York: The Abingdon Press, 1916. 400 p. \$1.50.

This book is a study of the normal girl during the most significant decade of her life, the ten years of adolescence roughly timed between the twelfth and twenty-second years. The author has undertaken to bring to light "the great underlying uniformities among the aspirations and problems of girls" of whatever class and condition and measure of earlier training, and to review the facts "from the standpoint of modern psychology and education," "adhering rigidly to facts and principles that are unassailable."

The purpose, thus stated in the preface, has been admirably carried out. The reader is promptly inspired with confidence by the simple, frank, and accurate statements of physiological and psychological facts, and by the evident understanding of fundamental, educational, and sociological principles. Miss Moxcey's exhaustive study, wide experience, and power of clear insight and accurate analysis make her a trustworthy guide for the vast multitude of "mothers, teachers, and older friends of girls" to whom she dedicates her work, who share her eagerness to serve without her opportunities for knowledge and understanding.

After an introductory section suggesting how to "prepare the girl for adolescence," the book treats successively the three fairly clearly

defined periods of adolescence. In each part the physiological, psychological, personal, and social factors of the development are considered, and a study is made of the social and educational problems and methods involved, with special emphasis on the problems of moral and religious education. The whole problem may be summed up in the author's words as "unifying all factors of life into a consistent and proportionate whole," that "there may be conserved through these young lives all that has been found worth while in civilization and human character," and "that each particular girl shall be able to contribute her own gift of personality."

The problems are concrete; homely illustrations make each point clear; the sympathetic interpretation of the young girl's need is simple and obvious; the perplexed teacher or mother is certain to find her own difficulties duplicated and met by means so simply expressed that she can use them as her own, however little she is able to analyze the great seething forces which are hers to direct. From cover to cover the book is brimful of practical suggestions of how to fulfil the delicate task.

Not the least valuable features are an adequate index and a carefully selected and classified bibliography, with a brief statement of the contribution made by each book to the study of girlhood.

F. M. F.

THE AMERICAN JOURNAL OF SYPHILIS. C. V. Mosby Company, St. Louis, Publishers.

A new quarterly journal under this title has been issued by the C. V. Mosbey Company, St. Louis, under the managing editorship of Dr. Loyd Thompson, Hot Springs, Arkansas. The editor is aided by William H. Deaderick, as associate editor and a staff of department editors and collaborators comprising nearly one hundred of the most prominent practitioners, medical teachers, and investigators in the United States.

The departments give an index to the wide range of subject-matter. (1) The Parasitology of Syphilis; (2) The Pathology of Syphilis; (3) The Therapy of Syphilis; (4) Syphilis and Dermatology; (5) Syphilis and Neurology; (6) Syphilis and the Eye; (7) Congenital Syphilis; (8) The Serology of Syphilis; (9) Syphilis and Urology; (10) Syphilis and Internal Medicine; (11) Syphilis and Gynecology and Obstetrics; (12) Syphilis and the Ear, Nose and Throat; (13) The Social Aspects of Syphilis; (14) The Surgery of Syphilis; (15) The Roentgenology of Syphilis; (16) Abstract of Current Syphilis Literature.

The January (1917) number contains two hundred and sixty pages of text devoted to interesting and valuable articles among which those interested in social hygiene will find the following especially worth reading and reference:—"The Sanitary Attack upon Syphilis," by William Allen Pusey, M.D., Chicago; "A Plea for Routine Wassermann Examinations for Obstetric and Gynecologic Patients in Hospital and General Practice," by Reuben Peterson, M.D., Ann Arbor; "Lues and the Baby," by L. R. DeBuys, M.D., New Orleans; "The Teaching of Syphilis," by H. H. Hazen, M.D., Washington; "The Place of Syphilis in Our Medical Schools and Hospitals," by Charles J. White, M.D., Boston; "The Practical Application of the Wassermann Test in the Diagnosis and Control of Treatment of Syphilis," by Charles F. Craig, M.D., U. S. Army; "The Importance of a Knowledge of Syphilis and Especially of Visceral Syphilis for General Medical Diagnosis," Lewellys F. Barker, M.D., Baltimore; "Rabelais' Conception of Syphilis," by Douglass W. Montgomery, M.D., San Francisco.

The continuance of the high standard set in the first number of this new quarterly should ensure its rapid growth in usefulness and number of subscribers.

NOTE AND COMMENT

The Mann White Slave Traffic Act. With the decision of the Supreme Court of the United States in the Diggs-Caminetti and Hayes cases, rendered on January 15, 1917, the judicial interpretation of the Mann White Slave Traffic Act is complete. Previous decisions had upheld the constitutionality of the law and had made clear its meaning with respect to commercialized vice. It remained uncertain, however, until this decision whether the act included cases where the element of commercialized vice was entirely absent. The court squarely holds, although by vote of five to three, Justice McReynolds not sitting, that in the light of the holding in *United States v. Bitty*, 208 U. S. 393, Congress must be deemed to have adopted the meaning given the clause "Or for any other immoral purpose" by the Supreme Court in that case, in which it was said:—

All will admit that full effect must be given to the intention of Congress as gathered from the words of the statute. There can be no doubt as to what class was aimed at by the clause forbidding the importation of alien women for purposes of "prostitution." It refers to women who for hire or without hire offer their bodies to indiscriminate intercourse with men. The lives and example of such persons are in hostility to "the idea of the family, as consisting in and springing from the union for life of one man and one woman in the holy estate of matrimony; the sure foundation of all that is stable and noble in our civilization; the best guaranty of that reverent morality which is the source of all beneficent progress in social and political improvement;" *Murphy v. Ramsey*, 114 U. S. 15, 45 Now the addition in the last statute of the words, "or for any other immoral purpose," after the word "prostitution," must have been made for some practical object. Those added words show beyond question that Congress had in view the protection of society against another class of alien women other than those who might be brought here merely for purposes of "prostitution." In forbidding the importation of alien women "for any other immoral purpose," Congress evidently thought that there were purposes in connection with the importation of alien women which, as in the case of importations for prostitution, were to be deemed immoral. It may be admitted that in accordance with the familiar rule of *ejusdem generis*, the immoral purpose referred to by the words "any other immoral purpose," must be one of the same general class or kind as the particular purpose of "prostitution" specified in the same clause of the statute. 2 Lewis' *Sunderland's Stat. Const.*, p. 423, and authorities cited. But that rule cannot avail the accused in this case; for the immoral purpose charged in the indictment is of the same general class or kind as the one that controls in the importation of an alien woman for the pur-

pose strictly of prostitution. The prostitute may, in the popular sense, be more degraded in character than the concubine, but the latter none the less must be held to lead an immoral life, if any regard whatever be had to the views that are almost universally held in this country as to the relations which may rightfully, from the standpoint of morality, exist between man and woman in the matter of sexual intercourse.

The fact that the last section of the Mann Act states that it should be known and referred to as "The White Slave Traffic Act," cannot, the court holds, be controlling in the face of the unequivocal language employed in the other sections, nor is it proper to resort to "reports to Congress accompanying the introduction of proposed laws" in order to ascertain the true meaning of the legislature when the words used are perfectly plain.

Concerning blackmail, the opinion states that "the fact, if it be so, that the act as it is written opens the door to blackmailing operations upon a large scale is no reason why courts should refuse to enforce it according to its terms, if within the constitutional authority of Congress. Such considerations are more appropriately addressed to the legislative branch of the government which alone had authority to enact and may, if it sees fit, amend the law.

The dissenting opinion of Justice McKenna contends that the phrase "or for any other immoral purpose" must, in order to be made intelligible, be limited and that the context and the purpose of the statute necessarily must be looked to in ascertaining the proper limitations. He then asserts that the context and purpose of the statute very plainly indicate that it was intended to comprehend cases of commercialized vice only and he adds "blackmailers of both sexes have arisen using the terrors of the construction now sanctioned by this court as a help—indeed the means—for their brigandage. The result is grave and should give us pause. It certainly will not be denied that legal authority justifies the rejection of a construction which leads to mischievous consequences, if the statute be susceptible of another construction." Chief Justice White and Justice Clarke concurred in this dissent.

The decision of the majority of the court would seem to be clearly correct; to have held otherwise would have been judicial legislation. The varying attitudes of United States district attorneys throughout the country will now be harmonized and greater uniformity in the enforcement of the law should result. It is, however, not altogether clear that the inclusion within the act of cases of personal immorality where neither force or fraud nor money is involved, is desirable. Merely

because such an interpretation opens the door to blackmail ought not to control, for the same situation exists with respect to many other salutary laws; nevertheless personal immorality across interstate lines is not a matter which ought to concern the national government. If the law will not be vigorously enforced in this class of cases it would be better to amend it so as not to include them. There seems little likelihood, however, of any amendment being passed by the Congress.

Memorandum of Law on Cases Decided under the Mann Act

The Act is constitutional.

U. S. v. Hoke, 187 Fed. 992; 227 U. S. 308.

U. S. v. Bennett, 194 Fed. 630, 227 U. S. 333.

U. S. v. Westman, 182 Fed. 1017.

Transportation of persons is commerce.

Gloucester Ferry Co. v. Pennsylvania, 142 U. S. 203.

Covington Bridge Co. v. Kentucky, 154 U. S. 204.

Congress has plenary power over interstate commerce.

McCulloch v. Maryland, 4 Wheaton 421.

Gibbons v. Ogden, 9 Wheaton 1.

Power to regulate commerce includes power to prescribe conditions under which commerce shall be conducted.

Gloucester Ferry Co. v. Pennsylvania, *supra*.

Northern Securities case, 193 U. S. 197.

Congress, having plenary power over interstate commerce, may prohibit it.

The Rahrer case, 140 U. S. 545.

The Addyston Pipe case, 175 U. S. 226.

Reid v. Colorado, 187 U. S. 137.

The Lottery cases, 188 U. S. 321.

The means of exercise of power over interstate commerce by Congress may have the quality of police regulations because such power is complete.

Hipolyte Egg Co. v. U. S., 220 U. S. 45.

The argument that Congress cannot prohibit a person from traveling from one state to another because of some intention he may have, and therefore that it cannot be made criminal to assist a person in so traveling, is erroneous. It is the criminal intent plus an overt act in pursuance of that intent, against which the Mann Act is aimed.

U. S. v. Hoke, *supra*.

U. S. v. Bennett, *supra*.

The intent of the person inducing is the intent existing when the means of transportation is procured;

U. S. v. Athanasaw, 227 U. S. 326.

and if defendant contends that his intent was innocent, evidence of other transportations for immoral purposes is admissible.

Kinser v. U. S. 231 Fed. 856.

"Debauchery" means acts which eventually and necessarily and naturally lead to a course of immorality, sexually. Whether the woman transported is pure or impure is immaterial;

U. S. v. Athanasaw, *supra*.

U. S. v. Suslak, 213 Fed. 913.

and the indictment need not allege the consummation of the debauchery by the commission of a specific act of prostitution or debauchery by the girl.

U. S. v. Brand 229 Fed. 847.

A woman who is transported in violation of the Mann Act may be guilty of conspiracy to violate the Act;

U. S. v. Holte, 236 U. S. 140.

and the Act applies to a woman or girl voluntarily consenting to acts of immorality, as well as to a "White Slave;"

Hays v. U. S. 231 Fed. 106.

but she is not an accomplice.

Hays v. U. S. *supra*.

Transportation need not be by common carrier;

U. S. v. Wilson, 232 U. S. 563.

U. S. v. Burch, 226 Fed. 974.

Transportation for purposes of sexual intercourse or concubinage is within the Act;

U. S. v. Flaspoller, 205 Fed. 1006.

U. S. v. John Arthur Johnson, 215 Fed. 679.

U. S. v. Burch, *supra*.

likewise, transportation for "any immoral purpose," apart from any commercial element, is within the Act.

U. S. v. Diggs,—U. S.—

Wife can testify against husband if married at time of acts testified to;

Cohen v. U. S. 214 Fed. 223.

U. S. v. Rispoli, 189 Fed. 271.

Charles Johnson v. U. S., 221 Fed. 250, *contra*.

but not if marriage was subsequent to acts.

U. S. v. Gwynne, 209 Fed. 993.

Section VI relating to persons harboring alien prostitutes, applies only to countries with which the treaty exists and the indictment should state the importation of the alien prostitute from such country.

U. S. v. Davin, 189 Fed. 244.

In pursuance of a treaty obligation (under Section VI) Congress has the power to require a person harboring an alien who is a prostitute within three years after her arrival and who emigrated from a country with which the United States is in a treaty relation, to report such fact to the Commissioner-General within thirty days of the beginning of such harboring;

U. S. v. Portale, 235 U. S. 27.

and this, irrespective of whether such harboring is in pursuance of illegal importation;

U. S. v. Portale, *supra*.

U. S. v. Davin, *supra*.

but the required certificate must be filed in the office of the Commissioner-General of Immigration at Washington, D. C., and the offense of not filing is not committed in the district where the woman or girl is harbored, nor has the district court of the United States for that district jurisdiction of the offense.

U. S. v. Lombardo 241 U. S. 73, 228 Fed. 980.

Commercialized Prostitution in New York City in 1916. The report of the Bureau of Social Hygiene for the year ending November 1, 1916, on commercialized prostitution in New York City, contains an introduction which is significant of the possibilities of repression through long-continued efforts in the field of law enforcement, particularly when official and unofficial agencies coöperate. The introduction is in full as follows:—

The Bureau of Social Hygiene issued in 1912 a volume entitled *Commercialized Prostitution in New York City*, by George J. Kneeland. This volume described in detail the situation as respects the practice of prostitution in this city at that time. A year ago, the Bureau issued a pamphlet which endeavored to contrast conditions in 1915 with the conditions reported in 1912. Now, a year later, in the present pamphlet, the Bureau presents a concrete statement of existing conditions, as compared with the conditions disclosed in its two previous accounts. The contrast is in the highest degree striking and encouraging. Vice still exists; but its amount has been greatly reduced, and the damage caused has been immensely lessened. In 1912, prostitution was open, organized, aggressive, and prosperous; in 1916, it is furtive, disorganized, precarious, unsuccessful. This improvement is shown in the statistics that follow; but, as a matter of fact, the real improvement is far greater than the statistics show. A single example will make this point clear. There were 142 parlor houses in 1912; the present statement gives 22. On the face of the figures, the parlor houses have been cut down to one-seventh of what they were four years ago. But this understates the achievement. For the 142 houses in 1912 harbored over 1600 inmates; they were notorious resorts, engaged in the active and open prosecution of their shameless business. The 22 houses now reported contain less than 50 inmates. They are hard to find, still harder to enter; they lead a brief, uncertain, day-to-day existence; before these pages leave the press, every one of them will probably have been snuffed out by the police. The same holds true of vicious saloons, of vicious tenements, of streetwalking, and of pimps. Thus, though commercialized vice continues in New York, it has been dealt a body-blow.

The credit for this achievement must be more or less widely apportioned. Civic organizations, such as The Committee of Fourteen, deserve to be prominently mentioned; the District Attorney's office and the Criminal Courts have recently by successive convictions performed an admirable service. But the chief credit belongs to the Mayor and to the Commissioner of Police. For three

years an able, upright, clear-headed, and high-minded Police Commissioner has pursued a sound and consistent policy, with all the backing, moral and official, that the Mayor could bring to his support. The results are obvious: The police force has steadily improved in morale and efficiency; a new standard of public decency has been set and maintained.

Prostitution has been proved to be a "modifiable phenomenon." Whether the city has more of it or less of it depends very largely upon the policy which the municipal government pursues in dealing with it.

A comparative statistical table showing the decrease in the volume of prostitution in New York City since 1912 follows:—

1. VICE RESORTS

Parlor Houses

1912, 142; 1915, 23; 1916, 22

The change in the method of operating these houses is equally significant. In the majority of them the inmates remain in their rooms, dressed in respectable attire, pretending to be legitimate boarders. In fact, these resorts are to all appearances furnished-room houses.

The volume of business transacted has decreased enormously.

Tenement Houses

1912, 1172; 1915, 484; 1916, 238

The most significant change in the operation of these flats over previous years is that a large number, in comparison, have become "call" places. . . .

It is practically impossible at present for men to enter these resorts without a personal introduction to the madam from someone actually known to her. . . .

Because of the small number of inmates and the difficulty of gaining entrance, it is evident that the volume of business in vice resorts of this type has been reduced to a minimum.

Assignment and Disorderly Hotels

1912, 103; 1915, 56; 1916, 41

A marked change has taken place in the operation of disorderly hotels. . . . The proprietors of most of these 41 resorts will not allow a prostitute to enter with a customer more than once in twenty-four hours.

Furnished Room Houses

1912, 112; 1916, 142

The results of the present study show that the situation needs the continued attention of the police. When vice is suppressed to any extent in houses, flats, and hotels, it is inevitable that it will at first betake itself to furnished room houses. This has happened in New York City, and is the most serious problem confronting the police at the present time.

Massage Parlors

1912, 300; 1915, 90; 1916, 9

During the past year, the police have been especially active against "massage parlors." A systematic and persistent effort has been directed against all such resorts of an illegal character, particularly where signs were ostentatiously displayed. . . .

From 1908 to 1915 a weekly paper which carried from one to two, and sometimes three, pages of massage parlor advertisements, was sold on the news-stands. In the majority of instances these related to disorderly resorts. During the latter part of 1916 these advertisements gradually decreased, until one issue contained only four such notices. Soon after, this paper disappeared from the news-stands.

The Board of Aldermen recently adopted an ordinance requiring massage institutes and parlors to be licensed and although this ordinance has been in effect but a short time, it has already given promise of weeding out the illegitimate massage parlor.

2. PLACES WHICH CATER TO VICE

Disorderly saloons

1912, 308; 1915, 84; 1916, 34

Probably at no time in the history of New York City have the conditions in saloons shown such improvement as in recent months. In former years, and especially in 1912, a large number of saloons served as hangouts and soliciting place for prostitutes. Such is not the case any longer.

Streets

(No statistics are given under this head, but the improvement noticeable in 1915 over conditions in 1912 has been maintained during the past year.)

The police have been so aggressive against all types of vice resorts and soliciting on the streets that madams and prostitutes demand introductions and marks of identification before they will recognize a customer. Cabmen and chauffeurs, who formerly had lists of houses and flats to which they conducted customers, now declare that they know of very few resorts.

3. THE EXPLOITERS

The vice ring in the old sense of the word no longer exists in this city. In fact former promoters of commercialized prostitution in this city seem to have come to the conclusion that "the banner years of prosperity" will never return. It is a known fact that more than 75 former men owners and their agents, such as procurers and pimps, have left the city with their women for more open markets. Twenty of these men moved to a near-by city, where they became the head and front of a string of houses which opened after a recent municipal election. The so-called "King of the Vice Trust," with others indicted with him in 1912, is still a fugitive from justice. During the year 1916 the District Attorney's office successfully prosecuted five notorious procurers, most of whom were in active business in New York in 1912. The five men received prison sentences ranging from five and a half years to nineteen years, eleven months, and fines ranging from \$1000 to \$5000. While some degree of exploitation undoubtedly exists at the present time, it is greatly below the level of the 1912 figures.

Results from Following Up a Vice Investigation. The story of the investigation into vice conditions in Lancaster, Pennsylvania, and of the second inquiry a year later was told in *SOCIAL HYGIENE*, June, 1915.¹ Rev. Clifford G. Twombly, D.D., Chairman of the Commission under whose direction the work was done, says in *The Churchman*, February 3, 1917:

At the opening of the last Quarter Sessions Criminal Court in Lancaster on September 11, 1916, the presiding judge in his charge and instructions to the Grand Jury took occasion to say that it had been five months since a session of the Criminal Court had been held in Lancaster County and that "in this time there has been a notable lack of serious crimes in the county, and we are to be congratulated on this fact." There has also been a marked decrease recently in the fornication and bastardy cases. Is there any connection between this state of affairs and the closing of the disorderly houses which are the breeding places of vice and crime? It seems to us that there is, though at the time of the vice crusade it was constantly and confidently predicted that the result would be just the opposite and that the closing of such resorts would mean a large increase of vice and crime. The chief of police also is credited in the *Lancaster Intelligencer* of October 9, 1916, with speaking as follows: "For a number of years this city has been slowly but certainly undergoing a purifying treatment. It has been cleared of dives and of their frequenters, and those who have striven to bring home the hopes of the social workers have overwhelmingly won against almost inconceivable odds. . . . With the regeneration of the city within itself there has been created, too, the natural echo of the work that has carried to other places; an echo that is the best and most magnetic advertising message that could be sent out!"

What the Press Thinks about Commercialized Vice in St. Louis. The press of St. Louis has been devoting much space to the consideration of the problem of prostitution and its relation to the city and its government. The following editorials are indicative of the attempt, essayed by more and more people, to probe beneath the surface of conventional thought and seek the roots of commercialized vice from which its more obvious manifestations spring.

CRIME AND VICE

Investigation by the grand jury of vice conditions in St. Louis and especially of charges that disorderly resorts are protected by the police, offer promise of rational results in the vice crusade now raging. It is the legal and sane method of seeking information concerning vice conditions and the efficiency and honesty of the police in dealing with them.

¹ *The City That Has Followed up its Report on Vice Conditions*, by Rev. Clifford G. Twombly. *SOCIAL HYGIENE*, June, 1915.

The hysterics of some of our esteemed contemporaries, in which the city is pictured as "engulfed in a wave of vice and crime" and demands are made for wholesale arrests and raids, regardless of law and evidence, lead nowhere except to conditions worse than we have. The endless chain of arrest, fine and driving on of the miserable wretches infesting streets and dens is futile. Whither are these creatures driven? From one city or from one place to another. The fine is only a stimulus to vice activities. Wholesale arrests and raids result in more outrages on decent people than effective strokes in putting down vice. . . .

The wretched instruments of vice are punished and the community is afflicted with widespread infection, while the causes are untouched and the instigators who profit go free.

Under our present laws and resources the best that can be done is to close disorderly houses and keep disorderly women from street solicitation. Even this is difficult, but morality and decency demand efficient work to this end. If, however, the entire police force is turned into a moral squad, to spy on the conduct of persons and seek immorality in houses and apartments, police efficiency against open indecency and crime is hopeless. Inefficiency and corruption inevitably follow the application of the police spy system to morality. It is a confession of helplessness in all the spiritual and moral factors that make for wholesome social conditions. It puts a premium on bribery. . . .

The real cause of these recurring waves and futile crusades lies deeper than the police and the existing courts. It is found in the inefficiency of our whole system of dealing with crime and vice. Our criminal code and mode of procedure is faulty; our system of courts in this city is defective; our prison and reformatory system is bad—in some respects rotten.

If the evils from which we suffer arouse the public to a realization of the need of rational reform in all our methods of dealing with crime and vice, much will be accomplished. The State Legislature has before it plans for reorganizing the prison systems, for improving courts and codes and procedure in criminal proceedings, for dealing with delinquent children and first offenders. We need means to deal humanely and effectively with female offenders.

Let us drop hysterics and apply reason to the evils that beset us. Let us insist that the State Legislature enact the program of constructive legislation submitted to it and begin to deal sanely and successfully with evil conditions and causes. Deeper still are the economic conditions that foster crime and vice.—*Post Dispatch.*

NOT VICE—PROFITS!

The real center of the St. Louis vice question is not vice. If it were, it could be settled in the course of the next two weeks, and settled easily. Nobody believes in vice; nobody apologizes for it; nobody gets up nights to protect and shield it. The people who think that the core of the vice question is vice are wasting their time and barking up the wrong tree.

The real center of the vice question is profits. The effective opposition to the work of cleaning up St. Louis does not come from those who are interested primarily in vice as vice; it comes from those who are interested primarily in vice as a means of revenue.

There's money in it. That's why there's power in it, and politics in it, and influence in it. That is why there are places in St. Louis that laugh at the police, secure in the protection which has been theirs for years. That accounts for those bail bonds signed in blank, those raids "tipped off" before they occur, those prisoners released by the fiat of mysterious powers that do not come to the light, those legal proceedings which, as farces, are so much more ridiculous than anything ever seen on the stage.

Vice is not vice alone; it's also business. Out of the hire of bodies of women, out of the price of the shame and degradation of girls, it pays rents, and buys beer by the thousands of cases, and "slips" money to influential friends all up and down the line, and—here is the most important thing of all—it supports thousands of flashily dressed men in this town who, if it were not for the revenue from these women, would have to earn their own board and their own clothes and their own laundry bills and their own smokes and drinks. These men have votes; they have leaders who know who is "right" and where these votes may be cast to count the most.

The real battle is not with vice. It's with commercialized vice. It is with dollars. The wretched, debauched girls are machines for making money. There are thousands of them in St. Louis, owned, body and soul, by the male vampires who fatten off them.

The crucial thing is not to reform a habit; it is to break up a business. Let's hang to this, for all attempts to obscure it and to argue the question of vice as such are just so many attempts to draw a red herring across the trail. We cannot stop vice by law, but St. Louis may be made too hot to tolerate certain kinds of commerce in vice, too hot to hold certain sleek beneficiaries of vice. That is the motion now before the house.—*The Republic*.

A City That Reports its Venereal Disease Cases. The seventh annual report of the city of Palo Alto, Calif., in commenting on its death rate for 1915 of 6.25 per thousand notices among other favorable factors, aside from the activities of the health department, "No extremes of economic condition—we have neither the very rich nor the very poor. No booze—Palo Alto is permanently dry. No prostitution—therefore a low rate from the venereal diseases and their attendant ills."

Communicable diseases showing the greatest number of cases for 1915 are reported as follows: Whooping cough, 81; mumps, 63; measles, 35; chicken pox, 30; gonorrhea, 24. No cases of syphilis were reported during the year. In 1914 there were reported 52 cases of gonorrhea and 10 of syphilis. It may be assumed that the reports of venereal disease cases are reasonably complete inasmuch as the department of health claims for the city "A group of local physicians far above those of the average community in professional ability and public spirit."

The Lakeside Hospital, Cleveland, Ohio, treats cases of syphilis in its dermatological clinic and has since 1914 undertaken systematic follow-up work for such cases through its social service department. All patients report to the social worker stationed at the clinic who tells them when to return.

Primary or fresh secondary cases are referred whenever possible to the City Hospital for at least two weeks' hospital treatment. If patients are not admitted to the hospital within twenty-four hours, a home call is made and admission secured either through persuasion or if that fails, through the efforts of the Commissioner of Health whose policy in such cases is to send a sanitary police officer who explains that the patient's door may be placarded with a venereal disease poster.

In securing regular attendance of patients who have passed the acutely infectious state, the patient is assured that his confidence will not be violated. An attempt is made to arouse his sense of responsibility both to himself and to those with whom he comes in contact and to reëducate him along sex hygiene lines with the purpose of influencing his conduct after a cure is effected; the hospital uses printed instructions in English, Italian, German, Polish, and Hungarian and is planning translations into Yiddish, Croatian, Servian, Roumanian, and Greek. Patients who fail to return regularly for treatment are followed up by cards of notification and personal calls. If these influences fail, the case is referred to the health department for the attention of the sanitary police.

Prevalence of Syphilis as Indicated by the Routine Use of the Wassermann Reaction. Dr. A. A. Homer found a positive Wassermann reaction in 17.4 per cent. of 500 cases at the Massachusetts General Hospital (*Boston Medical and Surgical Journal*, February 10, 1916). Of 312 Wassermann reactions from consecutive admissions at the Boston Marine Hospital, February to October, 1916, excluding readmissions and faulty specimens and considering doubtful reactions as negative, 77, or 24.7 per cent. were positive. Excluding 19 cases obviously syphilitic, 18.6 per cent. of the apparently non-syphilitic cases gave a positive reaction. Including 11 obviously syphilitic cases giving the negative reaction on account of recent treatment, the total incidence was 28.2 per cent.

Beginning in 1911, the Wassermann reaction was used at the Boston Marine Hospital as an aid to diagnosis and doubtful cases. From that

date to 1916, 2863 cases were admitted and 468 Wassermanns made, of which 191 were positive, 268 negative, and 17 doubtful; 9.1 per cent. of all admissions were diagnosed as syphilitic.

From 1907 to 1911 few Wassermann tests were made, but 4.3 per cent. of all cases treated in hospitals of the United States Public Health Service were diagnosed as syphilitic. This is probably a fair average of easily recognizable cases among such patients.

From the above data it would seem fair to conclude:—

1. That the prevalence of syphilis is much greater than is shown by ordinary hospital and medical records, and that by the routine use of the Wassermann reaction a large percentage of cases which certainly could not be diagnosed without it, will be recognized and properly treated.

2. That for the protection of the public health, to say nothing of the relief of much individual suffering, state and city laboratories where the Wassermann test can be obtained without cost should be universally established, and physicians and the public at large should be educated to its use in the same way that they have been educated to demand examination of sputum for tuberculosis.—Wm. M. Bryan, Passed Assistant-Surgeon, and Jas. F. Hooker, Acting Assistant Surgeon, United States Public Health Service. *Public Health Reports*, November 24, 1916.

Prophylaxis of Venereal Diseases in Prussia. The *Allgemeine medizinische Central-Zeitung* says that the health insurance organizations of Prussia have established seventy free consulting dispensaries for sexual diseases. Realizing that defective or unsuitable treatment of venereal diseases is a danger not only to the diseased themselves but also a menace to the general welfare, a recent conference of the insurance organizations and of the larger medical associations unanimously voted in favor of continuing, after the war, the measures enforced by the orders of the military commanders against quackery in the treatment of venereal disease. The conference declared that these diseases can be successfully controlled only when quackery is legally excluded. It should be illegal for any person, not a registered physician, to treat sexual diseases in any way. Laws should also be passed prohibiting the dispensing of remedies against sexual diseases by drug stores and other establishments without a physician's prescription, and prohibiting the distribution of circulars and pamphlets which encourage self-treatment of sexual diseases,

even in veiled terms, as testimonials, expressions of gratitude, recommendations and advice. All distant treatment of sexual diseases, as well as every public offer to treat patients of this class, should be absolutely prohibited.

The Public Morals Association of Sydney, New South Wales, at its second annual conference on the control of venereal diseases and suggested remedies, November 16, 1916, adopted the following resolutions:

That this conference affirms it as its opinion that all public general hospitals supported by state funds should be compelled to make provision for the treatment of patients suffering from venereal disease, and that a suitable booklet, to be provided at the public expense, on such diseases should be given to each patient being attended at a hospital or by a private medical practitioner.

That this conference endorses the recommendation of the Royal Commission on Venereal Diseases, that instructions in these subjects should be provided in evening continuation schools and in factories and workshops. For this purpose the aid of properly-constituted voluntary associations should be enlisted, and the guidance of medical practitioners should be secured.

That this conference urge upon the Government the printing and circulation to every householder throughout the state of suitable literature dealing with the question of venereal diseases.

That a council for combating venereal diseases should be called into existence, to be recognized by the Government as an authoritative body for the purpose of spreading knowledge in regard to the questions of venereal diseases in their varied aspects.

That this conference urge upon the Government the necessity for the enactment of more stringent legislation providing for the suppression of advertisements, and of the circulation of all printed matter dealing with sex complaints and their treatment.

That this conference, recognising that public prostitution is one of the main causes of the spread of venereal diseases, urges upon the authorities the necessity for the better enforcement of law, to suppress houses of ill-fame, brothels, and disorderly houses.

That this conference affirms its conviction that notification will not prove effective in staying the ravages of venereal diseases, but if enacted is more likely to cause the victims to avoid treatment or to seek the advice of medical quacks.

Control of Venereal Diseases in Australia and Denmark. The Weekly Bulletin of the New York City Department of Health, November 11, 1916, points out that the main features of the Australian law for the control of venereal diseases, outlined in SOCIAL HYGIENE, January, 1917, are found in the law enacted in Denmark in 1906, which reads in part as follows:—

LAWS AGAINST THE SPREAD OF PUBLIC IMMORALITY AND VENEREAL INFECTION
Promulgated by His Majesty, King Frederick, March 30, 1906

(Sections I, II, III, relate to the regulation of prostitution.)

(Section IV relates to punishment.)

Section V. All individuals, suffering from venereal diseases, whether they be financially able to pay the costs of their treatment or not, shall be entitled to treatment at the expense of the community, so long as they are not able to present proof that they are under treatment in private. All venereally infected individuals are obliged to remain under treatment until fully cured. Should the mode of life of an infected individual be such that it is not certain that the transmission of the infection to others can be prevented, or should the individual in question not follow out the directions given for the prevention of the transmission of the infectious diseases to others, then the individual in question shall be compulsorily interned in a hospital. The decision concerning the necessity of such measures shall rest with the police authorities. All individuals receiving the aid of the public charities shall, in the case of an infection of this type, be transferred to the hospital.

Section VI. If, during the course of the treatment, or after the completion thereof, it seems advisable to the physicians, during a particular case, to keep the patient in question constantly under observation, then this physician shall set for the patient specified intervals at which the patient is to visit the physician for the purpose of control. Should a patient not comply with the regulations, or remain away in spite of notification to appear for treatment, then the physician treating the case shall send a notification to that effect to the city physician. The city physician shall then take measures providing for the treatment of the individual by one of the communal physicians.

Section VII. Every physician treating venereally infected individuals shall draw their attention to the dangers of the disease, and also to the legal consequences of a transmission thereof. He should particularly draw the attention of the diseased individual to the dangers of entering upon matrimony during the course thereof.

Section VIII. Every physician shall, in his weekly report to the city physician or the district physician, particularly state that he has observed the regulations contained in the foregoing paragraphs, and give the number of individuals whom he has ordered to call upon him, in accordance with the provisions of Paragraph V. Breaches of Paragraphs VI and VII, or of this paragraph, are punishable by a fine up to 200 kronen. Any individual who gives a physician a false name or occupation or dwelling, will be punished according to the provisions of Paragraph 155 of the penal code.

The Missouri Children's Code Commission has recently made a complete revision of the laws for the welfare of children in Missouri for submission to the legislature at its present session. The Commission was appointed by the governor and a large part of the work of compilation and comparison was done at the University of Mis-

souri by the departments of political science, sociology, and law. Many other public and private organizations gave their assistance.

Among the new measures proposed in the Children's Code are the following:—

For the Protection of Destitute Children

Abolishing the legal stigma of illegitimacy and providing for the support of children born out of wedlock.

Raising the age of consent in the case of a girl previously unchaste to sixteen years.

Abolishing common law marriages.

Requiring five days' notice before the issuance of a marriage license.

Supervision of child-caring institutions and placing-out agencies by the State Board of Charities and Correction.

For the Care of Delinquent and Neglected Children

Establishing a juvenile court in every county.

For the Care of Defective Children

Providing for compulsory commitment and detention of dependent feeble-minded persons in institutions.

Providing for the establishment of a bureau for mental defectives in the University of Missouri.

Prohibiting the marriage of feeble-minded persons.

For the Protection of the Health of Children

The creation of a division of child hygiene in the State Board of Health.

For the Administration of the Laws

The establishment of county boards of public welfare composed of members of the county court, the judge of the juvenile court, and the county school superintendent.

The Commission also recommended the establishment of a state reformatory for young women, but did not include this recommendation in the proposed code.

Deportations of Prostitutes. The annual report of the Commissioner-General of Immigration to the Secretary of Labor for the fiscal year ended June 30, 1916, contains the following comparison for the last two fiscal years:—

Rejection and Deportation of Aliens

	1915	1916
Prostitutes and other immoral women.....	291	439
Procurers of prostitutes.....	192	307

Deported after Entry

Prostitutes.....	204	272
Supported by the proceeds of prostitution.....	58	76
Sexually immoral after three years' residence.....	101	89

The Commissioner-General points out that these figures by no means include all persons who ought to be rejected or deported after entry, but that the limits of the appropriation which the Bureau of Immigration receives prohibit it from undertaking more extensive investigations into the character of aliens.

Repeating his statement contained in his report for the previous year, he says: "I think it can be said without fear of contraversion that the figures given above, notwithstanding the good showing they represent under the circumstances of extreme difficulty that surround this matter, really show but very small results in comparison with what might be done with increased appropriations so as to permit a greater allotment than is now possible for this particular purpose. The Bureau could probably employ \$250,000 in this work for the coming year, with great benefit in ridding the country and keeping it clear of the immoral classes now here and those constantly coming or being brought here from abroad."

Of the 439 prostitutes who attempted to enter the country, 66 were English, 46 French, 191 Mexican; and of the alien procurers who attempted to import prostitutes, 43 were English and 149 Mexicans.

One hundred and seventy-two immigrants were found to have a venereal disease—144 males and 28 females.

Concerning white slavery, the reports of the commissioners and inspectors in charge of local districts in the following places are significant:—

Boston. In this field an advanced step has been taken by the designation of one of our matrons for continuous service as special officer in the surveillance and care of women and girls of the immoral classes. This special officer has established working relations with the various societies and public officers interested in this work, and it is believed that a constructive program gradually may be developed and worth-while results accomplished. Lack of funds, how-

ever, continues to prevent effective measures against the activities of alien prostitutes in this district. Large numbers of Canadian prostitutes who are undoubtedly amenable to deportation frequent the resorts of Boston. Those of European origin are also numerous, though less in evidence.

San Francisco. The usual number of Chinese prostitute cases were considered, with about the same results as in the previous year. One woman was deported at her own request, she having tired of the life into which forced, and she became quite a valuable informant for this office. This service has been working under adverse conditions in its efforts to secure evidence in the cases of Chinese prostitutes by reason of the shifting about of the prostitute from hotel to hotel.

The campaign inaugurated under the red-light abatement act by the state authorities is being still vigorously carried on, and in some instances has been successful in closing up these dens of vice.

Seattle. A total of 69 investigations were made in the cases of immoral women and girls, resulting in the deportation of 10 such women and girls. Five criminal prosecutions were instituted during the year against those who prey upon women and girls, 3 of the defendants being convicted, 1 released on demurrer to the indictment, and 1 acquitted.

Chicago. Segregated vice districts in the cities of this district have been almost entirely eliminated. Constant vigilance, however, has continued necessary for the discovery and apprehension of aliens and citizens engaged in the white slave business. In Chicago this service has the advantage of being given a recognized standing in the morals court, where an immigrant inspector is on duty each day and carefully investigates each case, presenting evidence indicative of violation of the immigration law. This arrangement has proven practicable, and, with efficiency on the part of the police department of the city, undoubtedly will result in bringing to the attention of the Bureau of Immigration the largest possible number of alien participants in the white slave business.

Alaska. No cases bordering on white slavery were reported during the year, and as there have been but 2 regularly appointed inspectors in the district, it has not been possible to give this feature of the work much attention. Until the enactment of a law making it impossible for a woman of the confirmed prostitute class to obtain the right to remain in the country by fraudulent marriage to a United States citizen it would appear a waste of time and money to undertake many arrests of this class of undesirables.

Montreal headquarters. During the year there were 194 prostitutes, 127 procurers, and 7 persons receiving proceeds of prostitution debarred by boards of special inquiry in this district. During the same time 82 prostitutes and 44 procurers or persons receiving proceeds of prostitution were deported under department warrants. Prosecutions under section 3 were brought in the federal courts against 94 persons, with the result that conviction was obtained of 49 of the defendants, while actions against 44 were unsuccessful, 1 case still being pending.

El Paso. During the past year there have been excluded 99 prostitutes, 144 women and girls coming for an immoral purpose, and 177 persons bringing

women and girls for an immoral purpose. There were deported 111 prostitutes, 21 procurers and persons bringing women and girls for an immoral purpose, 9 persons receiving the proceeds of prostitution, 12 persons employed by, in, or in connection with houses of prostitution, and 35 women and girls coming for an immoral purpose, in addition to which warrants of deportation in 24 cases have not been executed.

There were convicted 20 persons for bringing women and girls for immoral purposes, involving sentences aggregating fourteen years and six months and fines amounting to \$201; and 10 prostitutes for returning after deportation as such, involving sentences aggregating three years and five months; in addition to which 6 persons are awaiting trial as procurers and 8 as prostitutes.

Efforts are being made by state and municipal officers and private philanthropic organizations in the state of California to suppress the white slave traffic. In California gratifying results have followed the activities of private organizations in extending aid to those unfortunate women indicating an honest desire to reform. A rigid enforcement of those provisions of the immigration and Mann Acts penalizing traffic involving sexual immorality has marked the past year and it is believed with far-reaching results.

The Life Force. The greatest force in the universe is known as the life force. Although common to every living thing, it has never been understood by philosophers nor has it been created by scientists. We know, however, that in whatever form it manifests itself, the life force has three powers—growth, assimilation, and continuation of its own life through new lives. This last is the great power by which our world, with its many forms of plant and animal life, is renewed, throughout the ages. We call this power reproduction. In plants and animals, reproduction takes place through definite laws and at definite seasons, controlled by the force we call nature. In human beings, reproduction, or parenthood, is governed by mind and spirit, but if uncontrolled, instead of being a force of life and happiness, it becomes a means of degradation of the body, mind, and spirit, leading to destruction.

Because of the great importance of the life force in human beings, reproductive power is not fully received until about the twelfth or fourteenth year. During and after this time, special facts should be known and understood in order that the body may receive proper care and that character and self-control may be developed. Therefore, now that you have passed the years of childhood and since you are responsible for the care of your own body and the development of your own character you should know the special laws governing human life. You should also be prepared at those times when rest and free-

dom from bodily exercise are necessary, to forfeit, cheerfully, pleasure and inclination, in order to preserve your future health.

When it is understood, revered, and guided in the right direction, the life force, when not concerned in parenthood, is used in strengthening the body and the mind. As this great force becomes a part of your life and is given into your keeping, it becomes your privilege to know the facts concerning it for the development of bodily strength and moral character. Some of this information you may get from books concerning which your Guide will advise you. From older persons whom you respect you may learn important truths. Never should you seek facts from those who by word or action show that they would treat lightly or even degrade the power of life.—*The Woodcraft Manual for Girls*.

Guardians of the Law, Take Heed!

LET SOME ONE ELSE DO IT

A not uncommon but none the less erroneous idea of public duty is reflected by police and prosecuting officials when they declare their inability to suppress questionable resorts or practices unless "the neighbors are willing to swear out warrants." It has often happened that information concerning violation of the laws and ordinances, and concerning the existence of disreputable and immoral establishments constituting a nuisance is laid before officials by reliable citizens—only to be received with the discouraging suggestion that if the informants will sign the complaints, the officers will see what they can do about it.

Herein is shown a lack of initiative that goes far toward explaining the prevalence of crime and the spread of vice. In the first place, if the law officers do not know of the existence of such evils until told about them, they are not as alert and observant as they ought to be and not qualified for their positions; but if, after receiving the information from reliable sources, they still decline to act unless the citizen assumes the rôle of complainant, they are guilty of an inertia and indifference that render them liable to the most damaging suspicion.

Not upon the citizen, but upon the officers of the law—prosecuting attorneys, sheriffs, police departments, etc.—rests the responsibility for the suppression of vice, the prevention of crime and the arrest of lawbreakers. They are anxious enough to obtain the positions to which these duties belong, and are never backward about accepting the salary. It is a vicious misconception on their part to assume that they must work only within the narrow rut of routine, and wait for the public to do everything outside of it. . . . *Deseret News, Salt Lake City*).

Two Reports. The conclusions reached by the Bureau of Social Hygiene concerning the reduction of prostitution in New York City are borne out by the reports published in February of the Society for the Prevention of Crime and of the Committee of Fourteen. Both are of unusual interest, the former because it is the first to be issued by the Society since 1909 and covers among many others its successful activities during the past seven years; in suppressing innumerable gambling schemes the latter because it discusses in admirable fashion the problem of prostitution in New York City from the point of view of law enforcement.

The question may very properly arise as to why so many unofficial agencies exist in New York City for the suppression of prostitution. Although these two reports show that the work of the Society and the Committee overlap at some points as, for instance, in the prosecution of assignation hotels, yet such overlapping is merely incidental and the purposes of the two organizations are, as a matter of fact, different, while the functions of the Bureau of Social Hygiene are chiefly scientific investigation and publication. The Society's report, covering as it does a period of seven years, shows great progress in the suppression of policy playing, mercantile lotteries, and other forms of gambling. The fight against habit-forming drugs has been exceedingly difficult and new legislation, it is suggested, should be enacted.

As to prostitution, the Society says that "Probably we have never known a time when commercialized vice was so little protected as it is today. The inevitable results have been: (1) The exodus from New York City of many professional prostitutes and 'pimps.' (2) A gradual, but so complete change in the methods of the remaining prostitutes, as to require changes in the laws governing this vice."

It finds that it is now able to work in conjunction with the police department much more effectively than ever in the past and its policy is to leave the actual suppression of assignation hotels and tenement-house prostitution to the department, merely supplying the information upon which police action is subsequently based.

The report of the Committee of Fourteen contains a review of its work in the past twelve years by the retiring chairman, John P. Peters, D.D. It is a record of accomplishment such as few law enforcing agencies can boast. Much of the success of the Committee may be traced to the thoroughness with which its work is done and its constant endeavor to coöperate in securing its ends with other agencies, official and unofficial, including the police department, tenement

house department, district attorney, criminal courts, surety companies, brewers' associations, and many others, all of which have been stimulated and assisted by the Committee to more effective achievement within the field of its activities.

During the past year the Board of Aldermen under authority conferred by the state legislature, to license massage operators and institutes, passed such an ordinance which was signed by the Mayor; places of this character, where during the past few years particularly vicious conditions have persisted, are now being driven out of business.

The grand jury is criticized for its failure to find indictments in the cases of keepers of disorderly houses submitted to them and the report recites the effort of the secretaries of the Committee to secure legislation permitting jury trials in such cases without the interposition of indictments by the grand jury. Although the attempt was unsuccessful in 1916, it will be repeated this year with the hope of better success.

Coöperation with the brewers has very greatly reduced the number of disorderly saloons; and practically no "parlor" houses of prostitution exist. Prosecutions for tenement-house prostitution have decreased and street solicitation has decreased to an astonishing extent.

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A STUDY OF VENEREAL PROPHYLAXIS IN THE NAVY

AN ANALYSIS OF RESULTS OBSERVED AT THE NAVAL TRAINING
STATION, NORFOLK, VIRGINIA

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The prevalence of the venereal diseases is widespread and there is perhaps no community from which they do not exact a certain toll of ill health. It is seldom that any community has reliable statistics concerning the extent of its venereal scourge, or any accurate information as to the different factors that are responsible for its continuance. The mere fact of having a venereal disease, even though innocently acquired, carries with it a certain stigma. It is not difficult to appraise the cause for this social stigma; it is probably due to a knowledge on the part of the public that these diseases in their origin are nearly always associated with vice and with the opprobrium which attaches to indulgence in alcohol, and that, while they permeate all grades of society, they flourish most among the reckless element where the sense of personal responsibility is at a minimum.

This social stigma which attaches to those having a venereal disease has created an overwhelming desire for secrecy that has effectively concealed from public knowledge most aspects of the venereal problem. On account of this desire, the venereal diseases are usually not reportable, and thus do not conform with

other communicable diseases in regard to the requirements of boards of public health. Where these diseases have been made reportable, it is generally admitted that the returns are incomplete and unreliable for statistical purposes. In order to make an estimate of the amount of harm done in any community by the venereal infections existing there, it is necessary to resort to indirect methods, as there is no reliable basis for such estimates in the actual number of reported cases, as in the case of other acute infectious diseases.

Accordingly, such general estimates as have been made do not carry the proper weight and no matter how startling the conclusions may be, there is an inclination to believe that an error has been made and that the situation is not as bad as represented. But on the other hand, it may perhaps be worse than represented. If it were now possible to speak accurately of the number of cases of gonorrhea and syphilis in a certain community, just as it is possible to speak of the number of cases of measles or typhoid fever, it would without doubt bring about a more correct appreciation of the immense amount of harm done by the venereal diseases and result in a marked increase in activities for their suppression and control.

Before attempting to use means for the suppression and control of any communicable disease in a given community, it is necessary to become acquainted with certain facts concerning the community and the disease. The percentage of the population involved, the causative agent of the disease, the methods of transmission, and, in particular, the circumstances surrounding the individual at the time of exposure and infection, should be ascertained as fully as possible if we are to expect the campaign of eradication to be intelligently prosecuted.

Science has successfully answered the question concerning the causative agents of the three venereal diseases as the germs of each are now well known. Also, there is no mystery concerning their method of transmission. That is, infection usually takes place by direct contact, and, as infection by indirect contact is extremely rare, we are spared uncertainty concerning the source of infection which is so likely to exist when we have

to do with diseases spread by the indirect method of transmission. But, when we come to look for the other information, such as the part of the population afflicted or the special circumstances surrounding the individual at the time of infection, which the sanitarian will desire to know before beginning the attack upon the venereal diseases, we find that there is practically a complete absence of reliable data. The aforesaid desire for secrecy here interposes an effective concealment and the investigator must content himself with such indirect answers as may be given by the records of police courts on the one hand and of the public hospitals on the other. But there is one class of observers who have always contributed fairly reliable health statistics and that is those who are engaged in the military services. This is on account of the rule in these services that every day of a man's time must be accounted for, and, if loss of time be due to ill health, it must appear accordingly in the statistical returns. Consequently, these morbidity statistics give accurate reports of the amount of ill health there is in the Army and Navy in consequence of each of the various diseases that are encountered in all parts of the world, and the venereal diseases are not excepted.

The mere availability of these statistics showing many cases of venereal diseases in armies and navies has served to give these services an undeserved and unenviable reputation for harboring an unusual percentage of these infections. No similar statistics from civil life have been available for comparison, but I believe that persons in the military services are freer from venereal diseases than are those of the corresponding walks in civil life. A recent analysis of the venereal diseases found among 2607 apprentice seamen who passed through the Norfolk Training Station during a period of one year seems to indicate this. During this period, 68 contracted a venereal disease of which just one-half, or 34, contracted the disease under the influence of civil life environment and the other half under the influences of military life. Twenty-five of the former infections were contracted just prior to enlistment, and it is clear that no blame attaches to the military service in such cases. The facts that

the number of diseases is equally divided, and that the time passed under civil and under military conditions is about as one is to five seem to indicate that the relative tendency to contract venereal disease is much greater under civil environment than under military environment.

In civil communities, unlike the military services, venereal diseases are not reportable. Sanitarians very properly complain that they are without adequate information to prosecute work for the suppression and control of these diseases. However it is not true that investigators do not realize the magnitude of the venereal scourge for, as one of them states:¹ "As a danger to the public health, as a peril to the family, and as a menace to the vitality, health, and physical progress of the race, the venereal diseases are justly regarded as the greatest of modern plagues, and their prophylaxis is the most pressing problem of preventive medicine that confronts us at the present day." It is rather that our information is too general and not definite, and our sources of information are indirect instead of direct.

Even in the military services there is little else recorded than the number and kind of diseases and the amount of time lost on account of illness due to them. The causes leading up to infection by these diseases are seldom investigated and the source of infection usually goes undisturbed.

With the view of acquiring definite data concerning conditions prior to infection and finding out if possible any factor promoting infection, a plan for the investigation of each new venereal infection was instituted at the Naval Station at Norfolk, Va., beginning March 1, 1915. The idea of making this unusual survey was inspired largely through correspondence with the American Social Hygiene Association.

At that time, Norfolk was supporting a large number of saloons as the prohibition law of the state of Virginia did not go into effect until November 1, 1916. As a further contribution to vice conditions, it was the policy of the police department of that city to maintain a so-called segregated and regulated red-

¹ Rosenau: *Preventive Medicine*. New York, Appleton, 1916.

light district in which were located eighty commercialized houses of prostitution. The police department did not even enforce its own regulations within this district, and the sale of liquor and beer was permitted with little restriction. This district was closed at twelve o'clock Saturday night, June 24, 1916. Accordingly, during the last five months covered by these statistics, the community was under the influence of state laws suppressing both prostitution and the sale of alcohol. During the period under consideration, from March 1, 1915 to March 31, 1917, 458 original venereal infections were investigated. The following table will serve to give an idea of the character of the data collected:—

TABLE 1
Various circumstances concerning 458 venereal infections

	CHANCROID	GONOR- RHEA	SYPHILIS
Number infected.....	80	348	30
Contracted prior to enlistment.....	9	91	3
Contracted while on furlough.....	17	102	8
Contracted while on liberty.....	54	155	19
Contracted from inmates.....	43	165	14
Contracted from street walkers.....	29	120	13
Contracted from clandestines.....	8	63	3
Contracted in Norfolk or vicinity.....	56	174	14
Not contracted in vicinity of Norfolk.....	24	174	16
Under the influence of alcohol.....	20	116	14
Not under the influence of alcohol.....	60	232	16
Used artificial prophylaxis.....	27	89	9
Did not use artificial prophylaxis.....	53	259	21

It appears, as a result of the investigation of the venereal situation here, that the different preventive measures can be conveniently grouped under the following divisions:—

1. Previous unfavorable environment.
2. Educational prophylaxis.

3. Alcohol.
4. Artificial prophylaxis.
5. Therapeutic control and isolation.

Previous Unfavorable Environment. By this is meant the unfavorable moral environment or the moral delinquencies which promote and lead up to committing the first sexual offenses. In the prevention of sex immorality, a great deal has been lost when the sensibilities have been once blunted by a first offense. The young men who are received here for training are usually from eighteen to twenty years of age, and by interrogating those who became infected it was found that they would nearly always admit exposures prior to enlistment. Of course the period prior to enlistment is clearly beyond the reach of any preventive work done here. It seems probable that most of those who had been continent until they arrived at the station remained so, and that, as a rule, only those who had previous experiences in sex immorality took the risk of exposure to infection. Opportunity was taken to question 39 individuals as to what they considered the most important factor in leading them to commit their first sexual offense. Even at this early age, the elements of commercialized vice were most prominent. One-third, or 13, gave visits to parlor houses inspired by curiosity as the cause of their first experience with sexual immorality. Four were enticed by street walkers in their home towns and 7 blamed clandestine prostitution in or near their home towns. That is, 21, or more than one-half, attribute their first offense to the activities of commercialized vice.

Educational Prophylaxis. The circular letter of the Secretary of the Navy, of February 27, 1915, made instruction in educational prophylaxis in the Navy mandatory and directs that such instruction shall be given so that no man shall be subject to loss of health through ignorance of the serious results that may come to those contaminated. There is still a moot question as to what constitutes proper material to present to boys in a lecture

on sex hygiene. Of course, we believe that the dangerous consequences of venereal infection should be neither minimized nor exaggerated. We must avoid exciting an unfavorable curiosity or giving a false sense of security, the latter being a frequent cause for criticism of instruction in the methods for the use of artificial prophylaxis.

At the naval station at Norfolk, the lectures are opened with a talk by the chaplain. His remarks seek to impress upon the boys the importance of selecting proper associates, and of not frequenting places where the environment is known to be questionable or vicious. This is followed by hygienic instruction by the medical officer, a brief outline of which is as follows: There is first explained the high authority for giving the instruction, which is, of course, the circular letter of the Secretary of the Navy above referred to. Certain parts of this letter are read to the class and emphasis is laid upon the remarkable prevalence of the venereal diseases both in and out of the service. The three venereal diseases are then briefly described and the class is told that these diseases are caused by germs, and each disease by a different germ; that these germs obey the same laws of nature as the germs of other diseases; that there is nothing mysterious about them; and that they will grow wherever they find a suitable soil. They are told that, practically all prostitutes are diseased, or have been diseased and to drive this home that paragraph from *Commercialized Prostitution in New York City* which shows that 90 per cent. of the young girls of a certain reformatory were diseased is read to the class. It is taught that sexual continence is compatible with perfect health, and that alcohol and venereal disease are close allies. Finally, after repeated admonitions to avoid the dangers of illicit sexual intercourse, the subject of artificial prophylaxis is introduced. It is emphasized that this method is not a guarantee against acquiring a venereal infection, but that it should be resorted to as soon as possible after exposure; that allowing time to elapse after exposure gives greater opportunity for the germs of venereal disease to entrench themselves against antiseptic attack.

In lectures elsewhere, instruction in artificial prophylaxis is frequently omitted, as it is considered that instruction in this method of prevention will be regarded as a tacit encouragement to incontinence, thus rendering nugatory a large part of the educational value of the lecture. Our statistics here do not support this view but indicate that the effect of the lectures as a whole is to reduce the number of prophylactic treatments administered. The following table, covering a period of thirty months, shows a marked falling off in the percentage of those taking prophylaxis coincident with the inauguration of the hygienic and prophylactic instruction:—

TABLE 2

Number and percentage taking prophylaxis for six periods of five months each, beginning October 1, 1914 (App. Sea. Branch)

	AVERAGE COMPLEMENT	NUMBER TAK- ING PROPHY- LAXIS	PERCENTAGE
First 5 months.....	794	1006	126.7
Second 5 months.....	783	515	65.7
Third 5 months.....	618	309	50.0
Fourth 5 months.....	798	531	66.5
Fifth 5 months.....	468	458	97.8
S'xth 5 months.....	910	352	38.6

The lectures began during the second period and this period shows a reduction from 126.7 per cent. of the previous period to 65.7 per cent. The fifth period shows an exacerbation and it is coincident with the closing of the red-light district in Norfolk. To explain this exacerbation, it should be stated that it had been pretty well advertised that the red-light district in Norfolk would close the last of June and it is probable that many were enticed there to see what they believed they would never have another opportunity to see.

Alcohol. There is an intimate and not well understood relation between alcohol and the venereal diseases. Promoters of vice, recognizing that alcohol stimulates trade and increases

profits, have combined the sale of liquor with professional prostitution to practically a universal extent in this country.²

Estimates vary considerably as to the amount of venereal diseases that is contracted while the individual is under the influence of alcohol. Dr. Douglas White states that 80 per cent. of the men who acquired a venereal disease have told their physicians that they have done so under the influence of some kind of alcohol. Notthafft estimates as low as 30 per cent., and Forel gives 76 as the probable percentage of those who were drinking at the time infected. Our statistics show that prior to the time of enforcement of the prohibition law in the state of Virginia there were 365 infections and 137, or 37.5 per cent., of the infected admit being under the influence of alcohol at the time the disease was contracted, and 228, or 62.5 per cent., deny alcohol. Since the enforcement of prohibition there have been 93 infections of which 11, or 11.8 per cent., were acquired while under the influence of alcohol, and all but two of these were contracted outside the state and in "wet" territory. Of the 458 infections investigated 148, or 32.3 per cent., were acquired while under the influence of some kind of alcohol. Alcohol is still a factor in the venereal problem, but owing to increasing prohibitory legislation it is a diminishing factor.

Artificial Prophylaxis. By this is meant those artificial means that may be used to prevent infection resulting from exposure. The so-called Army and Navy type of medical prophylaxis is used at this station, when men who admit exposure return from liberty. A record was taken of 6746 treatments of which 127, or 1.88 per cent., turned out to be ineffectual. In a record of one regiment on the Mexican border covering a period of 29 weeks Exner found the failures of the treatments as used there to amount to 1.4 per cent. This treatment is remarkably effective and, if used within a short time subsequent to exposure, it is practically infallible. With a view of deter-

² George J. Kneeland. *Commercialized Prostitution and the Liquor Traffic.* SOCIAL HYGIENE, Vol. II, No. 1, January, 1916.

mining the efficiency of this medical prophylaxis for each hour elapsing after exposure, every applicant for treatment at the station was required to state how many hours had passed since he had been exposed to infection. Considerable care was taken in recording these figures and there is now available for examination a history of 5103 treatments concerning which the time of treatment subsequent to exposure is known. 81, or 1.58 per cent., were ineffective. The following table gives the number of treatments during each hour subsequent to exposure and the number who later developed a disease on account of that exposure:—

TABLE 3

Number of treatments, failures, and percentages for each hour after exposure

HOUS SUBSEQUENT TO EXPOSURE	NUMBER OF TREAT- MENTS	NUMBER OF INFEC- TIONS	PER CENT. OF INFEC- TIONS
1	1180	1	0.08
2	1172	7	0.59
3	521	4	0.77
4	330	2	0.61
5	199	3	1.57
6	321	5	1.58
7	277	6	2.27
8	390	16	4.22
9	283	10	3.62
10	214	11	5.14
More than 10	216	16	7.40
Total.....	5103	81	1.58

There were 1180 treatments during the first hour which were followed by a single infection. This infection was carefully investigated and there is considerable doubt as to whether it was genuine or not. The disease was diagnosed as chancroid and was cured in two days.

The above table is a remarkable testimonial as to the efficiency of medical prophylactic treatment in particular, if administered within a few hours subsequent to exposure to infection. As Dr. R. A. Bachmann states: "It is an almost overwhelming fact. . . . that if every illicit or dangerous intercourse

were followed by a reliable prophylactic, in a few years we should witness the passing of the scourge as complete as the eradication of yellow fever, bubonic plague, and malaria."

Some have maintained that this treatment in the end does more harm than good in that it gives a false sense of security and thereby the restraining factor of fear of disease is done away with. I do not believe that there is any truth in this for during the past two years I have questioned hundreds of individuals as to why they permitted themselves to be exposed to infection and I have yet to hear one say, "I didn't think there was any danger if I took the prophylactic."

Furthermore, I have asked a number of experienced medical officers if they had ever heard such or a similar reason given as an excuse for sexual incontinence and all have replied that they had not. If it is fact that the knowledge of the protective value of medical prophylaxis does not tend to increase illicit sexual intercourse, then the argument of those who are against this form of prevention on the grounds of morality is without support. Of course it might be held that a venereal infection is the proper and natural punishment for one who offends sexually, but this does not seem reasonable. Nor does it seem good morals to hold that because the individual has already taken one false step he shall be denied artificial assistance to save him from the further horrible consequences of a venereal disease. Accordingly, it appears that if we deliberately neglect to use this valuable branch of prevention we are actually guilty of encouraging the spread of venereal disease.

There are no statistics from which we may deduce the normal percentage of venereal infections that may be expected to follow illicit sexual intercourse when prophylactic means are not employed. In the above table those who took prophylaxis later than ten hours after exposure give a rate of infection of 7.4 per cent., and applying this percentage to the 6746 recorded exposures gives an expectancy of 499 venereal infections. As a matter of fact, there were only 127 subsequent infections, so it may be assumed that the difference, 372, represents the least number of venereal infections which were prevented by the

6746 treatments. It is unlikely that the venereal situation in this community would have been better had the 6746 prophylactic treatments been withheld and these 372 venereal infections been permitted to take place.

Therapeutic Control and Isolation. By this is meant the care of infected persons both as regards treatment and isolation so that the healthy may be protected from dangerous contact with them. In the military services it is comparatively easy to enforce proper treatment and effective isolation, and in civil life we are beginning to discuss means to these ends. The agitation for proper facilities for treating venereal diseases at public dispensaries and hospitals and for a better control of infected individuals by making the venereal diseases reportable are indications that the period subsequent to infection is being considered of importance from a preventive point of view.

Also the source of infection should be investigated and, if possible, her activities in the spread of disease suppressed. If the prostitute is of the commercialized type it is comparatively easy to enforce a certain amount of isolation and treatment, but if she is of the clandestine type the situation is surrounded with many difficulties. Commercialized prostitution was responsible for 387, or 84.4 per cent., of our infections. The following table gives the number and kind of diseases contributed by each class:—

TABLE 4

Number and per cent. of each kind of venereal disease contracted from each class of prostitute

CONTRACTED FROM	NUMBER INFECTED	CHANCROID		GONORRHEA		SYPHILIS	
		Num- ber	Per cent.	Num- ber	Per cent.	Num- ber	Per cent.
Inmates.....	223	44	19.7	165	73.9	14	6.2
Street-walkers.....	164	29	17.6	122	74.3	13	7.9
Clandestine.....	71	7	9.0	61	85.9	3	4.2

The value of any campaign for the eradication of the venereal diseases should be measured by the results accomplished in the community to which it is applied. In order to form an estimate

of the efficiency of our methods here we may examine into the incidence of gonorrheal infection during the period under consideration. There were 348 infections, of which 91 took place prior to enlistment, leaving 257 who were infected in spite of our prophylactic measures. Dividing the total period into periods of five months each we have as follows:—

TABLE 5

Showing average complement, number infected, percentage and yearly rate for five successive periods of five months each

PERIOD	AVERAGE COMPLE- MENT	NUMBER DISEASED	RATE PER 1000	YEARLY RATE PER 1000
First 5 months.....	1566	76	42.1	101.0
Second 5 months.....	1268	47	37.8	88.8
Third 5 months.....	1863	55	29.4	70.5
Fourth 5 months.....	1307	40	30.6	73.4
Fifth 5 months.....	1567	39	20.4	48.9

The number of new infections for the last period of five months is less by more than 50 per cent. the number for the first five months. It is not possible to state definitely what part each of the several factors of the prophylactic work played in bringing about this excellent result. A portion of the good results obtained was evidently due to improved conditions in Norfolk; and it is probable that educational prophylaxis was responsible for most of the remainder, as medical prophylaxis had already been in use for some time prior to the periods covered by these statistics.

CONCLUSIONS

1. At this station commercialized vice was responsible for at least 85 per cent. of the venereal diseases.
2. Educational prophylaxis is the most important branch of the venereal prophylactic propaganda, and in a sense includes all other branches.
3. Medical prophylaxis is remarkably efficient, and should be used when the way has been cleared by educational prophylaxis, as it does not then tend to promote incontinence.

4. The teachings concerning the venereal diseases themselves should be limited, conform strictly to the facts, and seek neither to minimize nor exaggerate the consequent horrors, nor to excite undue curiosity.

5. Each new infection should be carefully investigated as to the vicious factors that instigated it, and the moral, civil, and military agencies at hand should avail themselves of the knowledge thus acquired to prevent further infections by the same or similar activities.

6. Once the individual has been infected he should be provided with proper treatment and effective surveillance to the end that the healthy do not become infected and thereby also become further sources of infection.

7. From an epidemiological point of view the venereal diseases are in a class by themselves and necessary reports to the authorities should be fully protected from public inspection. The infected person should be protected by consistent secrecy to avoid public scandal and we may then expect his useful co-operation in preventive work.

WASHINGTON—THE CLEANEST CAPITAL IN THE WORLD

DAVID LAWRENCE

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There is something at once exemplary and instructive in the study of vice conditions in the capital of the United States today as compared with four years ago and the long periods prior thereto when social evils of every kind and description flourished within shadow of the capitol itself.

To comprehend the change, the abruptness of its coming, and the unique factors that have operated to make law enforcement a stern reality, it really is necessary to know the picture of conditions as they existed before the clean-up began. The District of Columbia, it should be kept in mind, is governed by Congress through a commission of three members appointed by the President. With the advent of Mr. Wilson, commissioners were appointed who took their tasks seriously. They gave the real estate ring no quarter. They abolished favoritism and even what has come to be known in some municipalities as "legitimate" graft. Two newspapermen—Oliver P. Newman and Louis Brownlow—together with an engineer commissioner designated by the War Department—Col. Charles W. Kutz,—have given the city of Washington the best government it ever has had. Perhaps the most radical of the many radical reforms instituted was the new police administration. When they chose Raymond W. Pullman, a young newspaper correspondent, early in 1915 as head of the police department, some of the old-timers chuckled. Why—he taught a bible class on Sundays; he was innocent; and, in the vernacular, would be an easy mark.

But Major Pullman has proved quite the reverse. He has studied his job with painstaking care and the police force has learned to pay wholesome respect to the Sunday-school-teacher police superintendent. His character and personality was the

very thing Washington needed to insure an honest administration of its laws.

First of all, of course, the Congress had to provide rigid laws. Within the last three years, the segregated district has been absolutely wiped out through the Kenyon Law, fornication and adultery have been made punishable by long terms of imprisonment, and by next November absolute prohibition will take the place of the partial prohibition which has been strictly enforced between 1 a.m. and 6 a.m., daily and between midnight Saturday and 6 a.m. Monday. Consider also that the Mann White Slave Law makes it possible for the government to prosecute for the transportation of women "within the District of Columbia," which may mean a block or two or any distance in a journey that has for its object any immoral act, and the power of the law to strike at vice is obviously supreme and comprehensive.

But the picture four years ago—perhaps the scenes during the inauguration period of 1913 best illustrate the depths to which this municipality had sunk. Three or four sections of the city, not all contiguous, contained scores of houses of prostitution. Many of these houses were within a block of the Senate and House. Others were a stone's throw from the Post Office Department and other government buildings. Their proximity to government buildings was, of course, accidental and due for the most part to accessibility from the streets and car lines, but the shame of such proximity did not a little toward producing the agitation that exterminated these vice dens for all time. Liquor was sold at the usual high prices in these houses and some of the more expensive abodes became renowned institutions in the life of the capital. The city of Washington each year entertains thousands of sightseers, thousands of delegates to conventions and meetings of various kinds. The inauguration always has brought tens of thousands, many of whom have been attracted by the hilarious debaucheries of inauguration nights. In what was known as the "Division," the better part of Washington's segregated district, men stood in lines awaiting entrance to the houses of iniquity exactly as people do for tickets to a popular vaudeville or theatrical attraction. The police were always busy

protecting the crowds on the main thoroughfares and the Division was the least of its worries especially during the earlier hours of the night. Beer and wines sold for ten and fifteen times their retail price and the profits of prostitution were so great that some of the feminine managers of such enterprises have been known to retire on fortunes of more than \$100,000.

Street-walking was, of course, in vogue but not as conspicuously as it used to be in New York or other cities. The presence of the segregated district made this branch of the trade quite unnecessary in the main, though in some sections of the city it was abominably evident.

Some of the so-called institutions in Washington's red-light district furnished amusements of various kinds. And whenever baseball or football games brought hundreds of collegians to the national capital, scenes quite similar to those of inauguration nights were to be witnessed. Washington has a fairly large student community for its size and the effect on their lives with a district of prostitutes always available to them can very well be imagined. It became the custom for these young men to saunter down after the theater to the houses along Ohio Avenue, D Street, and the like, in northwest. Groups dashed boisterously thither in automobiles for merry-making into the wee hours of the morning. The police stood on guard at street-corners but never were there many prosecutions, except in connection with brawls and disorders, arising out of social crimes.

Indeed, one real estate syndicate is known to have built a row of houses especially for use in enterprises of prostitution. A block of large "parlor" houses, modern in construction, and each with a private dancing hall, were built in a secluded section of the city just five squares south of the United States Capitol, and a row of additional houses were planned to occupy a part of the land which the syndicate had purchased as the site of a new "tenderloin de luxe," as the project was termed at that time. Although the location of the "new Division" was supposed to have the sanction of the authorities, the strictest secrecy was maintained as to the use to which the houses were to be put. Raymond Pullman, who was a newspaper man and

not the head of the police department at the time, learned about the purpose of the enterprise, and assisted by James E. West, now of New York and then residing in Washington, succeeded in making the plans of the syndicate public just when the houses were nearing completion. The publicity killed all chances of using the row as houses of prostitution, and the syndicate which had figured on making 35 per cent interest on the investment gave up the project in disgust, and later sold the property at a loss. The houses were never occupied for the purposes for which they were built, and they now rent for \$25 a month instead of \$65 a week or \$250 a month in advance, which is said to have been the amount on which members of the syndicate figured their original investment and expected huge profits. The houses are now occupied by respectable families, doubtless none of whom knows the original purposes those dwellings were to subserve.

Conditions in Washington were, to be sure, little different from those prevailing in other cities before vice crusades were instituted but with Congress governing the District of Columbia it was much easier to bring about needed reform. Members of Congress hesitate to vote with the liquor interests or other defenders of social evils lest they incur the displeasure of the better class of citizens in their home constituencies. Pressure by the interests, too, on individual congressmen is of little avail in the District of Columbia because there are too many congressmen to be thus influenced and the majority are thoroughly indifferent to such influences.

When, therefore, the Kenyon Law was proposed abolishing the red-light district, hardly any dissent was voiced. Three years ago the bill was approved by the President and its operation has been singularly successful because it has been enforced not merely by the police department but by the landlords and real-estate men who have been mindful of the penalty—a year's forfeiture of all rents—incurred in harboring prostitutes in their dwellings. There have been only three or four rooming houses and hotels thus closed but this small number was sufficient to make property owners see the point. In the majority of cases

the police do not need to search for vice. Most of their information comes through complaints by residents in apartment houses, by neighbors or real-estate owners. The law also penalizes the owner of the building \$300 in additional taxes which together with the loss of a year's rental and the attendant notoriety has proved a deterrent sufficiently powerful to wipe out almost entirely commercialized vice in hotels and rooming houses hitherto used for that purpose alone.

Here are, for example, some of the police regulations made shortly before the last Inauguration by the Commissioners of the District of Columbia by authority of Congress which for strictness are perhaps unparalleled.

1. That any person giving information about or directing any other person or persons to any house or place for immoral purposes, or to any immoral woman or women, whether the communication be by word of mouth direct or by telephone or in writing shall be fined not more than \$100 and in default of payment thereof shall be liable to imprisonment in the workhouse of the District of Columbia for a period not longer than sixty days.

2. It shall not be lawful for any person to invite or entice any person or persons upon any avenue, street, road, highway, open space or public square or enclosure in the District of Columbia, to accompany, go with or follow him or her to any place for immoral purposes, and it shall also be unlawful for any person to invite, entice, or address any person from any door, window, porch or portico of any house or building, to enter any house or go with, accompany, or follow him or her to any place whatever for immoral purposes under the penalty of a fine of not more than \$100 and in default of payment thereof to imprisonment in the workhouse of the District of Columbia for a period of not longer than sixty days.

3. No person shall rent a room for the purpose of assignation or any immoral purpose to any person or persons; nor shall any person permit the use of any part of premises which he or she may control to be used for assignation or any immoral purpose; and any person violating this section of the regulations shall be liable for each such offense to a fine not to exceed \$100, etc.

4. No driver of any public vehicle shall transport a woman, man, or man and woman for immoral purposes; and any person violating

this section of the regulations shall be liable for each such offense to a fine not to exceed \$100, etc.

5. All persons who let or rent out rooms excepting owners of hotels of twenty rooms or more keeping name registers shall keep a record showing the signature (written in ink) and street and home city address of each and every person temporarily residing in the building in which they may rent rooms. Erasures or alterations on this list shall not be permitted or be made for any purpose and the names and addresses shall be retained and open for inspection of the police or any proper officer at any time.

6. All persons renting rooms shall report to the police any suspicious character who may apply for rooms or report any suspicious acts of any person to whom rooms may have been rented.

Together with the above, the laws of the District of Columbia under the Federal Penal Code punish fornication by a fine of one hundred dollars or imprisonment for not more than six months while adultery is not punishable by a fine at all but by imprisonment for not more than three years.

In the two years that the police department has been administered by Major Pullman, during which period, too, these drastic laws have been in operation, arrests for both fornication and adultery have been more than doubled. The comparative statistics for 1913 and 1916 tell the tale.

	1913		1916	
	Arrests	Held	Arrests	Held
Fornication.....	260	211	628	565
Adultery.....	71	49	80	64

Some western newspapers have drawn the erroneous conclusion that these figures indicate a larger percentage of violations under the present system than before. Quite the contrary is true because in 1913 when the "Division" and other sections where houses of prostitution were running full blast, violations were carried on under the very eyes of the police and the city's population, and the arrests were for the most part outside the segregated districts. Now, with the whole city under surveillance

and commercialized vice punishable by severe fines and imprisonment, the number of arrests and convictions testifies rather to the efficiency of the police department than to an increased percentage of cases. The violations have relatively decreased, the deterrent effect of the arrests and prosecutions being incalculable in extent.

Law enforcement has been splendidly efficient. Instead of increasing commercialized vice in sections of the city previously untouched, the abolition of the restricted district has tended to diminish vice throughout the whole city. Physicians and clinics have fewer patients. Visitors in the city find it almost impossible to locate prostitutes.

The inauguration of 1917 was so different from any of the preceding inaugural celebrations with respect to vice conditions that thousands of men who either had heard of Washington's clean-up or learned of it after their arrival departed soon to Baltimore, Philadelphia, and other cities. No crowds lingered after the parade—and those who did furnished by their futile search a striking proof of the thoroughness of the anti-vice crusade.

Shopkeepers, cigar store clerks, hotel bellboys, taxi drivers, cabmen, and pedestrians generally who were asked by visitors to be directed to houses of prostitution learned with surprising unanimity of the "tightness" of the city. Many cabbies had been arrested several weeks before for conducting men to the rooms of immoral women and none dared take any risks. The saloons were closed both Sunday and Monday of the inauguration period which prevented congregation of men and women in any side-door cafés. Washington has been for the most part cleaned of these latter institutions and with the ending of the liquor traffic next November, the police expect even fewer violations of the fornication and adultery laws than heretofore. Certainly the closing of saloons at 1 a.m. and the law which prohibits the sale of liquor to unescorted women have done a great deal in the last two years to rid Washington of the café evil and its attendant crimes. Few dance halls of the variety which are notorious in the larger cities exist in Washington. In fact, the police are so alert that these dances all close promptly at one

o'clock. Frequently unmarried girls are rounded up and sent to houses of detention; others to juvenile court. It is through persistent enforcement of the letter of the law as well as its spirit that Washington's police department makes life miserable for the prostitute and dangerous for those ignorant of the law who set out on a hunt for immoral companions. Soldiers and sailors especially have felt the hand of the law in this respect and they no longer are seen loitering the streets at night.

With very few exceptions, the saloons are clean, and bartenders are scrupulously careful to plead ignorance to the questions of their customers concerning places of prostitution. That a few such houses do start and exist for a while is admitted by the police but none is protected. It is merely a question of time to get the evidence and make the raid. Two or three are discovered each month. The business of prostitution is however become a clandestine affair. It is no longer out in the open, a recognized fact in community life. As soon as the police encounter it, they are quick to make arrests. Prostitutes have for the most part left the city. A few move about quietly from one dwelling to another, carefully covering up their tracks from month to month but the majority do not long succeed in eluding the police. The dancing and drink evils in connection with prostitution are gone. Those few persons who conduct houses of prostitution on the sly have less than three inmates as a rule and all are careful to commit no disturbance lest the neighbors tattle. Thus, not only has the profit been taken out of prostitution in Washington but such as remains is carried on clandestinely and without the hilarious disorders of yesteryears.

On the whole, the morale of the city has been uplifted. Commercialized vice has been almost entirely eradicated, and within another year, when the saloons and cafés go, the city of Washington will outrank any capital in the world in purity and cleanliness of its life. With the social evil that is not commercial, the police of course cannot hope for complete elimination but the extinction of open prostitution has unquestionably affected kindred phases of the problem. The churches and other civic institutions which are constantly struggling to implant higher moral

standards in community life find that a gratifying stimulus has been given their work by the removal of the segregated district. They reason that the appeal to sex imagination has been appreciably reduced. The police are responsive to the efforts of social workers to close down amusement places which display suggestive pictures or countenance practices that tend to weaken the morality of the city's youth. Police graft has been at a minimum. Three or four cases, promptly and vigorously prosecuted, have given the police something to keep in mind and altogether the administration of the laws governing vice can be said to be at least ninety per cent efficient. The size of the police force, smallest of any in the great world capitals—Washington up to recent weeks has managed to get along with only 715 men—prevents a perfect administration but if every city in the United States could boast the splendid conditions that now prevail in Washington, the nation would have reason for self-congratulation. And looking abroad, thoughts of vice conditions in Paris, Berlin, London, Bucharest, Madrid, and elsewhere make Washington stand out as far and away the cleanest capital in the world.

THE MORAL CAMPAIGN¹

It is characteristic of any endeavor to control a virulent evil in the body politic that the measures first employed are relatively superficial, and attack only the immediate results of this evil. But as the attack becomes more and more organized and expert it reaches farther and farther back in the chain of causes until it finally assails the primal cause. So it has been in the attack upon venereal disease. The chief concern was first with the treatment of individual cases, then with the control of the prostitute and the material measures just mentioned in reference to the army and navy.

But if we are to make any serious headway we must go even farther back and attack, not only the prostitute, the material cause of venereal disease, but also the sexual impulse, the moral cause of venereal disease. It is confessedly a long call from the present state of society to that in which each one of us shall have his sexual impulses under perfect control. Indeed so remote does this possibility seem, and so weak today are many of those religious influences which might formerly have been invoked in aid of a moral campaign, that society is quite frankly willing to compromise, for the present at least, on all of the moral questions involved.

My personal hope of the success of this campaign is far higher than you may think the facts could warrant. Not only is the direct attack upon sexual license succeeding beyond what one might have dared to hope a decade ago, but the whole moral tone of the community is such as to lend itself to this reform now as never before. The almost universal reprobation of the grosser forms of alcoholism is a wonderful step in the right direction. The social forces engaged, both in the diversion and the inspiration of youth, are educating a generation of young men in whom a serious aspiration to sexual purity would seem almost a natural condition. To the cynics who forbid us any hope we can only reply that a century ago the seduction of innocent young women ceased to be an acknowledged fashion. Today alcoholic intemperance is ceasing to be an acknowledged fashion. Let us not be too bold in setting a limit to which the future can aspire. Let us hope, as the purest members of the race have always hoped, for the highest ideals of sexual purity. For thus only may we hope to put the final crown on our campaign against the venereal diseases.

EDWARD L. KEYES, JR., M.D.

¹ *Medical and Social Aspects of the Venereal Disease Problem.* Presented before the New York State Conference of Charities and Correction, Poughkeepsie, November 14, 1916.

INDUSTRIAL SCHOOLS FOR GIRLS AND WOMEN

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Industrial schools for delinquent girls and women can never be upheld as an effective solution of the entire problem of delinquency. To those acquainted with the problem they offer themselves as the last resort. Active preventive work, through girls' clubs, camp fires, supervised dance halls and probation, keeps many girls out of reform schools in the outside normal world. To do that is, of course, our ultimate aim, but remarkable as are the results of the preventive work conducted in some of our large cities, there is an ever considerable group of women and girls who do not respond, and who need special training, in a place especially adapted to their needs, away from the temptations of the life they were unable to cope with.

In communities where vice conditions have been investigated, the question is usually asked, "What would become of the girls and women in the sporting houses? Where would they go? What is our duty toward them? What provision should we make for the prostitutes? If we could get our segregated districts closed, have we a right to do so until some plan is made for the unfortunate girls and women who have been living in the district?"

If a young woman has been leading a life of prostitution for a period of two or more years, she is usually in bad physical condition from dissipation, liquor, and drugs. The moral fibre is so much broken down that if the choice were left to the girl, she would not care to leave that life, and what has the outside world to offer to an untrained, irresponsible, diseased, dissipated young woman? Most of the girls would probably leave a community if the people who are managing the business of commercialized vice felt that the city authorities were in earnest about cleaning up the conditions and it was going to be more difficult for the business of prostitution to continue. Many of the girls would

probably go to another community, a near-by city, until the so-called trouble had blown over and it was considered safe for them to return. Is anything gained by this driving the girls from one community to another?

If every community would appoint a group of men and women to look into the vice conditions of their city and to try to get public sentiment roused to eliminate vice and to organize preventive work, much more would be accomplished. For the girls who do not leave and who may be brought into court, the first thing is to have hospital accommodations or dispensaries where they can be treated and helped into a better physical condition.

Probation should be tried for those who are willing to be helped in this way. It will probably be found some would be willing to return to parents or relatives in a distant city. Careful investigations must be made as to home conditions. Will the entire family be willing to receive the girl? Will it be possible for her to get work? Some person in the town should be found willing to look after the girl, if there is no probation officer to do so.

When the girls are in physical condition to work, employment must be found for them—not an easy task because of the girls' lack of industrial training and education; then a home found with some woman who would be willing to take an interest in the girl if the home conditions are such that it is not best for the girl to return to parents.

Very few will go voluntarily to an institution. For this reason state reformatories for girls or women or a colony in the country will be needed because the prostitutes are a menace to the community and should be placed where they can have good care physically and be taught and trained if they are going to be helped to earn their living in a decent way.

For such, commitment to a corrective institution for training is a necessity, if they are to be helped to lead normal lives. The sort of institution adapted to this need is, we believe, an industrial school located in the country, far enough away from city and village to give the girls and women freedom for outdoor work and play.

In developing such an institution it is important first to obtain

a large tract of land—three or four hundred acres if possible, suitably located. Difficulties of access, expenses of hauling supplies, etc., are of little import when compared with the desirability of having nervous, sexually immoral girls and women living out-of-doors. We consider this a vitally important thing. A reform school for girls or women naturally attracts visitors from a village or town, and to guard against this is a reason why the school should be located at a considerable distance from either. So successful has agricultural work been for girls or women of this sort, that it is advisable to obtain a tract of land large enough for gardening, poultry raising, pigs, etc.

Before any definite plans for the school are made the superintendent should be chosen, a woman of intelligence and executive ability, with a deep sympathy and understanding of work for neglected girls and women. To be effective she should be allowed great independence of action. She should have the authority to select all the members of her staff in order to secure that unity of spirit and purpose which is so necessary. Her word should be final in the daily matters of conduct and management.

If there is a habitable building such as an old farmhouse upon the land, let the superintendent be established there at once, with a few girls to work up the spirit of the place. Numbers can be increased as equipment is ready.

There has been a healthy reaction against expensive buildings. That is encouraging; for it is much more important that the available money be put into inexpensive, practical buildings and the salaries of good officers, rather than using the bulk of the money for material equipment. Enthusiastic, sympathetic women, many fine young college women, are eager for work in institutions of this sort, if the life and vision of the place be held to a high enough standard. If possible the school should have a trained psychologist to test the girls, and aid practically in planning their work and placing them. The office of psychologist can sometimes be combined with that of physician. The school should employ a woman physician, a woman dentist, and a woman optician from the nearest city to come to the school on certain days during the week, and a scientifically trained woman farmer

should direct the farm work. The inmates of such a school have usually seen too much of the wrong sort of men and it is important that they be brought into contact with the right kind of women. The fewer men employed in the institution the better.

The institution should be developed on the cottage plan. Each cottage should be a unit in itself, with its own dining room and kitchen, and if possible a laundry, accommodating a group of not more than twenty-five, with a matron and housekeeper working in each cottage. In this day of recognition of the value of fresh air, plans for the cottages should include sleeping porches, as this is especially desirable for nervous, delicate girls. Cottages should not be placed too near together, as intercommunication should not be made easy.

Of course girls and women should not be sent to the same place. Young girls learn too much evil from older women. Girls should be committed for the rest of their minority. Good training requires residence in the school for at least two years. You cannot build character or develop effective methods of work quickly. Women, if possible, should be committed for an indeterminate sentence. Those in charge of the institution are the ones best able to determine when a woman is ready to leave. When the judges are unable to use the indeterminate sentence, commitment should be made for three years at least, making training in the school and parole work possible. The school must be ever on the lookout that the training given the women or girls be worth while. They must be taught the dignity of labor under the right leadership. As soon as possible industrial and academic work should be developed in a well-organized school. Difficulties will be paramount, for the girls and women in reform schools frequently do not have power of concentration, and often have the added disadvantage of lack of knowledge of the English language. But the school must be made to meet their needs, and must be attractive to them. It frequently is practicable to give school work for one half of each pupil's time, and industrial or manual work the other half. In the summer time it is found a good plan to have the girls and women working in the fields during one half of the day, and in a school conducted some-

what after the manner of vacation schools, the other half; learning the simple elements of correct English, arithmetic, handwork, and music, the attempt being always to coördinate the outdoor work with that done in the school.

With the modern point of view in which the reformatory appears as the last resort, it is apparent that many of the girls and women sent there will be those of low-grade or disturbed mentality. This makes it necessary that the school offer considerable industrial work, basketry, work with the looms, etc., domestic science, dressmaking, and music, rather than a great deal of academic work. It is always to be remembered that the institution is built for the girls and women and their needs, and not for the workers or directors. We feel that the problem of adolescence is met by constant diversion and employment in work that offers valuable training. To a very great extent this holds true of women.

It is not necessary to wait until a gymnasium is built before securing a well-trained gymnasium teacher. With very simple and inexpensive equipment she can direct the girls in outdoor sports and indoor exercises. She should direct the summer recreation. Girls and women of reformatories respond to the virility of baseball, races, etc. With the school located in the country it is possible to take long walks. This the girls and women need, not only for the physical benefit derived therefrom, but to have the country interpreted to them.

As funds are available, the part good music plays in the development of girls and women in the schools should be emphasized. Good music should be played and sung, and the girls and women trained to sing, not only for their religious services but as a means of entertainment. The teacher must be a woman who is not only well trained, but who has a great love for music, and belief in its humanizing and ennobling power.

The training offered in domestic science presents almost infinite possibilities. The need for it is great. Many of the girls and women are of foreign birth, knowing only a low standard of living and many of them have spent their working lives in the mills so that they have acquired no knowledge of household

management. Experiment and theory in the school-room should always be correlated with practical use in the cottages.

In a state institution provision must be made for the religious training of girls of different sects. A non-sectarian service should be held to help bring the girls or women together in spirit and purpose, but provision must be made for those of different religious beliefs.

The success of an institution depends entirely upon the personnel of the workers. Young women, forceful, enthusiastic, and sympathetic should be chosen rather than middle-aged, broken-down women, who consider their work a duty rather than a joy, and cleanliness and order the sole aim of the institution. The more we can do with these girls and women, rather than for them, the better. An industrial training school for delinquents is no place for nervous, tired women. No woman should ever be taken on the staff out of sympathy, nor for that reason kept there after the time she is actually useful to the institution. It is vitally important that the members of the staff work together pleasantly. The entire success or failure of the school depends on the spirit and ability of the workers.

It is desirable for the girls and women always to wear washable dresses—bloomers of denim or heavy cotton cheviot are very practical for field work and for much of the heavy indoor work, in care of the floors, all laundry and kitchen work. The workers should wear at all times washable cotton dresses. Too often a worker has been allowed to wear out shabby finery, when on duty in class room or in the cottage. Let it never be forgotten by all connected with a reformatory institution that we teach unconsciously much more than consciously.

Plenty of plain, wholesome food must be provided for inmates and workers, vegetables raised on the farm and eggs and poultry make variety possible. Never should it be the custom to have an elaborate dinner monthly for the directors and visitors only. Equally good meals should be served continually for all in the institution. No one is ever helped by being deprived of food as a punishment. An effective system of discipline can be worked out by student government among the inmates. This takes

careful guidance by those who believe in it. College women who are fresh from this training are very helpful to guide and direct student government in the cottages. It is one of the best ways of developing responsibility among the girls and women. A small council of five or seven selected by the girls in each cottage group can be made a vital force in all matters of discipline and in developing a spirit of loyalty to the cottage and school.

When there is a considerable colored population, it is found successful to have colored women placed in charge of the colored girls. The experiment was first made at Sleighton Farm, a reformatory of about five hundred girls from Eastern Pennsylvania, with about a fourth of the population colored. Colored girls are more responsive to the supervision of women of their own race. It is possible to secure colored women of education who are adaptable to the work.

When the school is financially able, a laboratory for the psychological and eugenic field work should be developed. So large a proportion of the population of reformatories are girls and women of low mentality, and so unproved and uncertain is our knowledge of the treatment of feeble-mindedness that intensive study of particular cases is of great value to those who are trying to plan for their training and their lives after they leave the institution.

The importance of the parole department of the institution cannot be over-estimated. That is where the training the school offers is put to the test. But girl or woman cannot be expected to pass safely from such close supervision to entire freedom. The school must have enough parole officers to keep the girls and women who are out on parole well in their oversight. It is found most satisfactory to have Jewish girls handled by Jewish women. The Council of Jewish Women is always very willing to coöperate.

The ideal board of directors is a small mixed board of from seven to nine persons, from different parts of the state, who should be selected carefully with a view to their fitness for and interest in this work, and who are willing to give time enough to make themselves acquainted with the problems of the institution. And not content with the problems of the single institution of

which they are directors, they should be acquainted with the problem of delinquency as a whole, and they should endeavor to correlate with other forces of the community to study the causes of delinquency and to help shut off the sources of supply. It is important to have the directors visit the institution frequently, it is not enough to visit at the time of stated meetings only. The women managers, if they are persons of discretion, can be of great service to the superintendent by making themselves familiar with the daily routine of the institution. One of the best ways for a woman manager to learn about the life of the institution is frequently to remain over night, mingling with the girls or women in the evening, also to be present when the day begins. It is a protection to a good superintendent for the girls or women to have ample opportunity to make any complaints, real or imaginary, to a member of the board. It is a woman's work, for women. Devoted, intelligent women, can be found who will make the work of the superintendent possible. If the superintendent selected proves unequal to her work, let the right kind of a superintendent be found, but let her have full authority in selecting her workers, and be held responsible for results.

Work with neglected girls and women is always more difficult and discouraging than work with boys and men. It is a sex problem. That fact must be understood. For this reason it is of the greatest importance to have a group of intelligent women on the board to work with the superintendent.

PUBLIC MORALS AND RECREATION

THE BASIS FOR A COMMUNITY PROGRAM

C. WALKER HAYES

On Sunday afternoon the city pours forth its legions to breathe the fresh air and enjoy the sunshine of the parks and rural environs. Satirists may say what they please about the rural enjoyment of a London citizen on Sunday, but to me there is something delightful in beholding the poor prisoner of the crowded and dusty city enabled thus to come forth once a week and throw himself upon the green bosom of nature. He is like a child restored to his mother's breast, and they who first spread out these noble parks and magnificent pleasure-grounds which surround this huge metropolis have done at least as much for its health and morality as if they had expended the amount of cost in hospitals, prisons, and penitentiaries.—Washington Irving.

Public morality is conformity to the social will, to the dominant edict of society. Society, becoming convinced of what makes for her welfare, formulates laws intended so to limit and direct the activity of the component individuals and groups that the social welfare shall be promoted and not destroyed. The process of securing conformity to the requirements of public morality may be spoken of as social control. This implies restraint, not of the expression of the impulses and tendencies which a community deems normal, but of the anti-social or immoral tendencies. But it is not enough for society to set such limitations upon the conduct of individuals. It is equally important to direct the expression of the powers and passions of human life into such modes as have been found good in social experience.

More and more we are writing into our legislation, provisions for a higher and more wholesome life. Law is constructive as well as restrictive. This is no less true of ethical ideals, the stuff out of which laws are made, and of religion, the motive power of law-making and law-enforcement. Neither are we working under the assumption that legislation is the sole means

for social control, nor do we need to admit that it is the chief measure. We must rely greatly upon religion and education. Law formulates the mandates. A community program for the protection and improvement of public morals must then be in large measure a legislative program, supported by education and religion. On the other hand, the extra-legal endeavors of social groups must be encouraged. A community service can be carried on without legal mandate just as the individual may do a service to a fellow without the bidding of written law or even of a moral commandment.

The new social thinking forbids us to estimate progress in terms of restraint or repression. But it does not follow that little is to be expected from legislation by way of moral or social improvement. We need only to include in our attitude toward legislation the conception of a civilization built upon the free expression of social surplus, whether it be physical, economic, or spiritual. Laws are not necessarily restrictive. They may be directive and promotive.

By omitting from this discussion any treatment of other forms of endeavor than recreational, the writer does not minimize the importance of other phases of constructive effort to promote public morality or develop the health and character of individuals. It is not the purpose of this discussion to deal with the educational process which should spread universally and thoroughly impress the truth about sex. But be it understood that education must be promoted as a coördinate part of the endeavor to reduce prostitution. Neither is it to be understood, by the recognition of prostitution as in part a recreational problem, that it follows that the growing recreational movement is dependent upon its relation to public morals for its incentive. It is perhaps more usual to think of recreation as an aid to health than as an aid to morals. But it is well to realize that, because of the intimate connection between health and morals, that which affects the one, affects also the other. Moreover, there is no inclination to think of recreation as justified only by the contribution it makes to health or morals as though it were not of vast importance in and of itself, as one of the elemental expressions of the fulness of

life. But the joy and gladness of play are quickly and universally recognized, whereas the ultimate moral effect, is the more in need of emphasis.

The program of recreational endeavor as a counteractive of sexual immorality is based, first, upon the fact that it is at play or in search of amusement that vicious habits are formed; second, upon the fact that health-building recreation fortifies the body, thus making for the control of the sex instincts. Recreation accomplishes far more than these ends but it is because it does these things that a community program for public morals must include a division relating to recreation.

Illicit indulgence of the sexual appetite is play gone wrong. "The brothel is a play center, though a pathological one." Prostitution can hardly be termed a form of recreation. The notion violates the fundamental meaning of the word. Nevertheless, it must be admitted that since, for many, vice is amusement, the logical counteractive is recreation. Professor Patten has said,¹ "Amusement is stronger than vice and can stifle the lust of it." This is true of recreation in the case of a normal individual at least.

Prostitution is not, as it was formerly thought to be, justified by sex necessity. The old falsehood which has long been the mainstay of prostitution, namely, that sexual intercourse is necessary to health, has been correctly appraised, and as the belief that, outside of the marital relation, continence is the only course that is hygienically safe becomes increasingly established in the social consciousness, the only plea which remains for prostitution is made in behalf of those who would follow the lure of lust as a form of amusement, irrespective of the consequences.

Vicious habits are often formed in youth. Admitting that many of the patrons of prostitution regard their practice in the light of a necessity rather than as an amusement, this in no way discounts the fact that the practice of prostitution is often, if not generally, begun in the quest of amusement both in the case of patrons and of prostitutes, nor the even more important fact

¹ *The New Basis of Civilization*. Simon N. Patten. New York: Macmillan. p. 143.

that habits of sexual indulgence when acquired in youth are generally begun while at play. The basis of the need of directive measures is defined by Professor Hetherington.² "The tremendous power of sex-feelings in the life of most youths will make them a source of playful enjoyment under present social conditions, until adults set up a plan of action and volition which appeals to and holds the hardy practical sense of youth. . . . The ideal is so to mould the interests, activities, and organized volitions of youth, that it will put the brothel out of business through lack of patronage."

A rather extreme putting of the relationship between prostitution and public recreation was that made by a city superintendent of parks in a recent conversation with the writer. "Why, if I were authorized to administer the public parks in this city on the same proportions as those upon which the fire and police departments are administered, I would reduce prostitution in this city 98 per cent." Such a statement no doubt seems extravagant, but very likely it is nearer the truth than many even of those who are very familiar with the problem of prostitution have as yet come to realize. The opposite view is illustrated by the opinion of the prosecuting attorney who, upon being told of the remark of this gentleman, disclaimed any connection between prostitution and recreation, saying, "I don't believe it is possible to connect parks with prostitution." The carefully stated opinion of a prominent physician of the same city will find ready credence by the average intelligent thinker. "Any normal recreation which gives a wholesome outlet to natural physiological emotions will of necessity have a tendency to diminish the demand for prostitutes." Over against the inability to see any relation between parks and prostitution, we have the statement of Forel.³ "The best conditions of existence for men are contact with nature, air, and light, sufficient bodily exercise combined with steady work for the brain, which requires exercise

² *Play Leadership in Sex Education*. Clark W. Hetherington. *Social Hygiene*, Vol. I, No. 1, December, 1914.

³ *The Sexual Question*. August Forel. New York: Rebman Company. p. 328.

as much as the other organs; this is just what is wanting among the poor in the town and in the factory. Instead of this they are offered unhealthy nocturnal pleasures and a prostitution which spreads itself everywhere."

The scientific character of the fact under discussion is more and more apparent in the light of the testimony of eminent authorities. Dr. G. Stanley Hall⁴ refers to gymnastics as "a safeguard of virtue and temperance;" and play he says "is the ideal type of exercise for the young, most favorable for growth, and most self-regulating in kind and amount. For its forms the pulse of adolescent enthusiasm beats highest. It is unconstrained and free to follow any outer or inner impulse. The zest of it vents and satisfies the strong passion of youth for intense erethic and perhaps orgiastic states, and gives an exaltation of self-feeling so craved that with no vicarious outlet it often impels to drink."

The effect upon the youth of a city of the lack of proper recreational life has been shown by investigations into the life and environment of juvenile delinquents.⁵ The conviction is well sustained that efficient constructive endeavors to promote wholesome recreation have most direct effect in the conservation of public morals. In 1897 a building was presented to the city of Boston and thrown open to the general public. It was Boston's first municipal gymnasium.⁶ "Two days a week the entire building is reserved for the exclusive use of women and girls. The first year that it was under the management of the city its gross attendance during ten months was 65,000, four times the number that had visited it while it was under private control. As for the good effect of this institution upon the neighborhood, we have the statement of the police of East Boston who say that since the opening of the gymnasium there has been a marked diminution of lawlessness. The local school principal gives em-

⁴ *Youth: Its Education, Regimen and Hygiene*. G. Stanley Hall. New York: Appleton, 1909. p. 75.

⁵ Cf. especially, *West Side Studies*. Russell Sage Foundation. New York: Survey Associates, Inc., 1914.

⁶ *Substitutes for the Saloon*. An Investigation made for the Committee of Fifty. Raymond Calkins.

phatic testimony to its influences upon the children, and the disappearance of a number of low-toned social clubs suggests its importance as a rendezvous for young men."

Among the cities of the United States which have thrown open their schools for public use, is Philadelphia. A section of the city "had come to be regarded as a breeding place for criminals, but a subtle change has come over it since the school house doors have begun to swing open after sundown."⁷

It is pertinent at this point to observe the extent to which the demand for recreation as a counteractive of vice has been recognized in reports of vice commissions, as well as to note the subsequent activity in the cities where their reports were made. Previous to October, 1915, organizations in twenty-four cities and two states⁸ had made investigations of vice and definite recommendations. Nineteen of these reports had definite recommendations in regard to public recreation. To members of the organizations responsible for these nineteen reports, the writer directed inquiries concerning the results of these recommendations. Thirteen of the nineteen inquiries were answered. Recommendations concerning the policing and supervision of children in such places as streets, parks, playgrounds, and commercial amusement places, were made in six different reports. In one of the cities, Hartford, a law requiring that children under sixteen years attending motion picture shows should be accompanied by an adult, was laxly and spasmodically enforced. The closing of houses of prostitution in Philadelphia is reported to have made safer conditions for children in that city. But there was no report from any of these cities that recommendations of this nature have been carried out.

⁷ *The Wider Use of the School Plant*. Clarence Arthur Perry. New York: Charities Publication Committee, 1910.

⁸ A report made after the writer's inquiry was begun, is that of Maryland. The Maryland State Vice Commission made public its report to Governor Goldsborough on December 20, 1915 and made recommendations, according to published summaries, which included the organization of a permanent morals welfare commission, the supervision of places of amusement and the establishment of various forms of recreation under municipal auspices. See *SOCIAL HYGIENE*, Vol. II, No. 2, April, 1916.

The regulation of public dance halls was dealt with in the recommendations of nine reports, urging that these places be supervised by women police or matrons and that the sale of liquor and the granting of pass-out checks be forbidden. The Wisconsin State Vice Commission endeavored to secure the enactment by the legislature of bills providing for the regulation of dance halls and the censorship of motion pictures, but these bills were defeated. The secretary of the Philadelphia Vice Commission reports that the city has not undertaken the licensing and supervision of amusement places other than by the police department. After the report in Massachusetts of the Commission to Investigate the White Slave Traffic, So-called, in 1914, legislation for the regulation of dance halls was proposed but failed of enactment. From one city the report comes that "the law failed of passage in the city council. The city government shows no sympathy for such legislation and the police protect the law-breakers."

The motion picture theatre was the subject of recommendations in six reports, but nothing definite has resulted therefrom.

The Report of the Senate Vice Committee of the State of Illinois, in 1916, included among its recommendations:⁹—

"Improvement of conditions of girls in domestic service and of girls from homes offering inadequate social opportunities, by the opening of school houses and all other available buildings as social centers; hours of labor of girls in domestic employment to be regulated to permit of participation.

"Creation of a state athletic commission for the encouragement of healthy and non-professional sports and pastimes."

The Bridgeport, Connecticut, Vice Commission made a report in April, 1916, in which they recommended a recreational survey of the city to be followed by the creation of a permanent recreation commission to take into its power and authority all public amusements, shows, and recreation of the city. In the introduction of the report the following is listed among the unanimous conclusions arrived at by the national and local vice

⁹ SOCIAL HYGIENE, Vol. II, No. 3, July, 1916.

investigations: "That the lack of proper recreation is always a concomitant of vice. Healthy amusements or athletics either make impossible or drive away the morbid frame of mind or body which brings passion to the height of unlawful practices. Hence there is a new conscience in the world with regard to the meaning of recreation."

In reply to an inquiry by the writer, a member of the Bridgeport Vice Commission wrote January 16, 1917, as follows: "The Recreation Commission recommended in our report has been created. We are having an intensive recreational survey made. The results already achieved are the opening of six new playgrounds, the purchase of two new parks, the enlistment of the manufacturers for welfare work, and the opening of two school centers. And this is only a start."

It is evident from these reports that the commissions making them were convinced of the relationship between public morals and recreation. From the above inquiry, however, it is no less evident that if the effectiveness of the vice reports were to be measured by the reforms of a constructive nature that have been effected subsequent to their publication, most of them would have to be set down as disappointing failures.

An adequate program for the conservation of public morals must include a well developed plan for the provision and supervision of public recreation. Such a program must include both repressive and constructive measures. It must unite the enforcement of repressive legislation and the program of preventing immorality by the constructive development of recreational facilities upon a large scale, kept wholesome by a prudent supervision. At the same time new dignity will become attached to the old program of enforcing the laws against disorderly houses, places of assignation, and soliciting for immoral purposes on the streets and in public places. This repressive part of the program is now far too feeble or at least intermittent. It is true that there is something more hopeful and exhilarating, more appealing, about a constructive campaign than there is about any routine activity concerned with the enforcement of repressive laws. Nevertheless, the repressive program must hold its ground. We

may hope that as the constructive program builds up the weak places in the walls of social life, raising the norm of the moral health of society by whatsoever means, the extent of the need for the repressive methods will gradually diminish. Yet, until the educational and public health programs are completed, there will always be the feeble-minded and morally depraved, whose activities will have to be repressed. Public servants must determine who are the feeble-minded and who are the morally depraved and control the forces that are demoralizing. Government, which acts for the common welfare in obedience to public opinion, must constantly be engaged in carrying out the two essential programs of repression and development.

FIELD-MARSHAL THE RIGHT HONORABLE LORD
KITCHENER'S MESSAGE TO THE BRITISH
EXPEDITIONARY FORCE

You are ordered abroad as a soldier of the King to help our French comrades against the invasion of a common enemy. You have to perform a task which will need your courage, your energy, your patience. Remember that the honour of the British Army depends on your individual conduct. It will be your duty not only to set an example of discipline and perfect steadiness under fire but also to maintain the most friendly relations with those whom you are helping in this struggle. The operations in which you are engaged will, for the most part, take place in a friendly country, and you can do your own country no better service than in showing yourself in France and Belgium in the true character of a British soldier.

Be invariably courteous, considerate and kind. Never do anything likely to injure or destroy property, and always look upon looting as a disgraceful act. You are sure to meet with a welcome and to be trusted; your conduct must justify that welcome and that trust. Your duty cannot be done unless your health is sound. So keep constantly on your guard against any excesses. In this new experience you may find temptations both in wine and women. You must entirely resist both temptations, and, while treating all women with perfect courtesy, you should avoid any intimacy. Do your duty bravely.

Fear God.

Honour the King.

KITCHENER,

Field-Marshal.

THE TREATMENT OF VENEREAL DISEASES IN GENERAL DISPENSARIES OF NEW YORK STATE OUTSIDE OF NEW YORK CITY

JOSEPH J. WEBER

Executive Secretary of the Committee on Hospitals, New York State Charities Aid Association

What part general hospitals in New York State, outside of New York City, are playing in combating venereal disease, was set forth in the January, 1917, issue of *SOCIAL HYGIENE*. Since then the Committee on Hospitals of the State Charities Aid Association has made a similar study of the treatment of venereal diseases in the general dispensaries of New York State outside of New York City.

As in the case of the study of hospital facilities, separate questionnaires covering syphilis and gonorrhea were carefully prepared, with the assistance of Dr. W. F. Snow, General Secretary of the American Social Hygiene Association, Dr. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene, and Mr. F. J. Osborne, Executive Secretary of the New York Social Hygiene Society. These questionnaires, accompanied by a letter, were sent to the 27 general dispensaries in New York State outside of New York City.

I. CLINICS FOR SYPHILIS

Nineteen of the 27 dispensaries either returned the questionnaire or sent a letter in reply. The remaining 8, we were later informed by the New York State Board of Charities, have no clinics for the treatment of syphilis; we received word directly from 9 dispensaries that they do not maintain clinics for the treatment of syphilis,—a total of 17 out of 27.

Ten dispensaries, then, maintain clinics for the treatment of syphilis, and of these 9 filled out our questionnaire more or less

fully. What of these 9? Are they adequately equipped? Have they sufficient and up-to-date facilities for accurate diagnosis and effective treatment? Do they attempt to educate their patients in the methods of preventing the spread of these diseases? Do they keep adequate and satisfactory records? Are their records studied often enough?

There is, unfortunately, no authoritative standard to which we can refer as a norm in answering these questions. It is generally conceded, however, by those familiar with the dispensary treatment of syphilis and gonorrhea that the dispensary of the Brooklyn Hospital maintains one of the best services for venereal diseases in New York State. We may, therefore, properly use this dispensary as a sort of norm for purposes of comparative analysis and criticism.

EQUIPMENT

SEPARATE DEPARTMENTS

Brooklyn Hospital Dispensary. At this dispensary syphilitic patients are treated in a separate department; three rooms are devoted to men, and four to women and children.

Nine Up-State Dispensaries. Two of the dispensaries treat their patients in a separate department. Of these two, one has one room; the other, two rooms.

DIAGNOSIS AND TREATMENT

REFERENCE OF PATIENTS TO CLINIC

Like the Brooklyn Hospital Dispensary, 8 of the 9 up-state dispensaries are connected with hospitals, from which in two instances syphilitic patients having other complications are invariably referred to the syphilitic clinic, and in one instance sometimes.

Three of the dispensaries are also connected with medical colleges.

WASSERMANN TESTS

The Brooklyn Hospital Dispensary gives Wassermann tests on all cases.

Five of the up-state dispensaries studied give this test on all cases; three on some cases; one failed to indicate whether or not it gives this test.

DISPENSARY	NUMBER OF TESTS	REMARKS
Brooklyn Hospital.....	About 30 a week. About 1560 a year.	Majority done by Department of Health; Brooklyn Hospital as a check
Dispensary A.....	150	Tests made during last dispensary year, but these bloods are sent to Bender or State Laboratory
Dispensary B.....	3	During last dispensary year
Dispensary C.....	21	During last dispensary year
Dispensary D.....	7	During last dispensary year
Dispensary E.....	18	During 5 months,—time clinic has been in existence
Dispensary F.....	24	During last dispensary year
Dispensary G.....	271	During last dispensary year
Dispensary H.....	Many	
Dispensary I.....	(No answer)	

EXAMINATION FOR TREPONEMA OF INITIAL LESIONS

Brooklyn Hospital Dispensary. The Brooklyn Hospital Dispensary has no facilities for making this examination, but whenever necessary the examination is made by individual members of the staff of the dispensary at their own offices. This is done because the Department of Health has no facilities for making these examinations.

Nine Up-State Dispensaries. Five Dispensaries make this examination. One during its last year, examined 50 patients; another examined 33 patients; two examined 3 patients each.

USE OF SALVARSAN

Brooklyn Hospital Dispensary. In the medical treatment of syphilis, this dispensary uses salvarsan, salvarsan substitutes, mercury by injection, and other medication, such as tonics and potassium iodid.

Nine Up-State Dispensaries. Eight dispensaries use salvarsan; six use salvarsan substitutes; all nine use mercury by injection or rubs, and eight use other medication.

PAYMENT FOR SALVARSAN, ETC.

Brooklyn Hospital Dispensary. This dispensary furnishes these drugs at cost.

Nine Up-State Dispensaries. Five of the dispensaries furnish salvarsan at cost to patients when they do not themselves purchase it or the more expensive

mercury compounds. If a cheap type of mercury is used, it is often furnished by one of the dispensaries. One makes a nominal charge; one furnishes it free to those unable to pay; one refers cases to the hospital with which it is connected; and one to the Municipal Hospital.

PHYSICIANS

Brooklyn Hospital Dispensary. There are eight physicians in attendance at this dispensary, five of whom are paid.

Nine Up-State Dispensaries. Five of these dispensaries have two physicians each in attendance; four have one each. None of these physicians is paid for his services.

PAYMENT FOR TREATMENT

Brooklyn Hospital Dispensary. At the morning clinics there is an admission fee of ten cents and a nominal charge for medicine. At the evening clinics, a charge of one dollar is made, covering both treatment and medicine, except salvarsan, which is sold at cost.

Nine Up-State Dispensaries. A routine dispensary charge is made at two of the dispensaries; at the other seven no charge is made except, as already indicated, for salvarsan.

SOCIAL SERVICE AND FOLLOW-UP

Brooklyn Hospital Dispensary. Personal visitation in venereal work has not been found practical unless under the direction of unusually qualified and tactful persons; consequently, it mails a card in a sealed envelope at the end of one week after a patient's failure to appear at the clinic. At least three cards are sent before removing the case history from the active list. The interval between cards depends upon various factors. A primary or an active secondary syphilis, a refractory patient, and other similar points determine the number and frequency of the cards.¹ The cases of women and children are cared for, when necessary, by the social service department of the general dispensary.

Nine Up-State Dispensaries. Three dispensaries endeavor to persuade the patient to continue treatment; one advises him to continue; and one endeavors to reach the patient through the medium of the Board of Health. Two dispensaries refer their cases to the social service worker of the hospital with which they are connected; one to the social service worker connected directly with the dispensary; and one to the Visiting Nurse Association and the Associated Charities.

DISCHARGE OF PATIENTS

Brooklyn Hospital Dispensary. This dispensary requires a negative Wassermann every ten weeks for six months while under treatment; negative Wassermann every three months for the next six months without treatment; provocative salvarsan and negative Wassermann for the next year, as follows: end of three months; end of six months; end of year.

¹ *Attacking the Venereal Peril*, Alec Nicol Thomson, M.D., February 14, 1916. *Long Island Medical Journal*, April, 1916.

Nine Up-State Dispensaries. Six of these dispensaries require, by specific regulations, healed contagious lesions; five require entire disappearance of symptoms three require negative Wassermanns; while one occasionally uses the Hecht-Weinberg test, and two the Luetin test.

EDUCATION

LITERATURE OR INSTRUCTIONS

Brooklyn Hospital Dispensary. Each patient when admitted to the dispensary receives a ten-page pamphlet on venereal diseases. During the course of a patient's treatment, the Department of Health card on syphilis is given the patient. Bulletin boards with health maxims are arranged about the walls of the dispensary.

Nine Up-State Dispensaries. Eight of these dispensaries give their patients either printed or oral instructions as to how to avoid spreading infection.

RECORDS

A. IN GENERAL

Previous Treatment

Brooklyn Hospital Dispensary. Careful records are kept of previous treatment received by the patient at this clinic or elsewhere.

Nine Up-State Dispensaries. All these dispensaries follow the practice of the Brooklyn Hospital Dispensary.

Source of Infection

Brooklyn Hospital Dispensary. This dispensary keeps a careful record of the source of infection of each case treated.

Nine Up-State Dispensaries. Six of these dispensaries make a record of the source of infection, if possible; one, "only as history indicates."

How Patient is Referred

Brooklyn Hospital Dispensary. This dispensary keeps a record of the sources from which patients are referred.

Nine Up-State Dispensaries. Six of these dispensaries keep such a record.

Method of Keeping Histories

Brooklyn Hospital Dispensary. Histories are kept so that they can be readily studied. Each one hundred records of closed cases are bound and digested.

Nine Up-State Dispensaries. Eight of these dispensaries keep records that can be easily studied. Three summarize and digest their records once a year; one, semi-annually; and one, quarterly.

B. ADMISSION, ATTENDANCE, AND DISCHARGE OF PATIENTS

Questions regarding the admission, attendance, and discharge of patients were included in the questionnaire, but the answers were so incomplete and conflicting that they are of little value and are therefore omitted.

II. CLINICS FOR GONORRHEA

Of the 27 dispensaries to which our questionnaire was sent, 18 do not maintain clinics for the treatment of gonorrhea. Of the 9 that do, 8 filled out our questionnaire more or less fully.

EQUIPMENT

SEPARATE DEPARTMENTS

Brooklyn Hospital Dispensary. At the Brooklyn Hospital Dispensary, male patients having gonorrhea are treated in a separate department with six rooms; women are treated in the gynecological clinic.

Eight Up-State Dispensaries. Three dispensaries treat gonorrheal patients in a separate department, and of these, two devote two rooms to this purpose, and the other, one room.

DIAGNOSIS AND TREATMENT

REFERENCE OF PATIENTS TO CLINIC

Like the Brooklyn Hospital Dispensary, all but one of the up-state dispensaries are connected with hospitals, from which patients having other complications are referred to the genito-urinary clinic.

EQUIPMENT FOR TREATMENT

Brooklyn Hospital Dispensary. This dispensary has complete equipment for the diagnosis and treatment of gonorrhea, including microscope, sterilizer, sounds, dilators, irrigators, and a laboratory.

Eight Up-State Dispensaries. Five of the dispensaries have the same variety of equipment for diagnosis and treatment that the Brooklyn Hospital Dispensary has; one is equipped with microscope, sterilizer, sounds, and a laboratory; one with microscope, sterilizer, sounds, irrigators, and a laboratory; and one with microscope, sterilizer, and a laboratory.

ENDOSCOPY AND CYSTOSCOPY

Brooklyn Hospital Dispensary. The Brooklyn Hospital Dispensary has complete facilities for endoscopy and cystoscopy.

Eight Up-State Dispensaries. Four of the up-state dispensaries have complete facilities for endoscopy, cystoscopy, and complement fixation test; one has facilities for cystoscopy, and complement fixation test; one for cystoscopy; one refers serum elsewhere, and in one case the attending physician uses his own facilities.

METHOD OF TREATMENT

Brooklyn Hospital Dispensary. In its treatment, the Brooklyn Hospital Dispensary uses massage, dilatations, irrigations, hand injections with silver salts and astringents, and mouth medication.

Eight Up-State Dispensaries. One dispensary responded that it uses all types of treatment as cases require; one, several types; one that it uses irrigation and medication; one, medication; and one, "local treatment."

PHYSICIANS

Brooklyn Hospital Dispensary. There are ten physicians in attendance at the genito-urinary clinics. None of these are paid for attendance at the free clinics held during the day.

Eight Up-State Dispensaries. Five of these dispensaries have two physicians in attendance; one has four physicians; and two have one physician. None of them are paid for their services.

PAYMENT FOR TREATMENT

Brooklyn Hospital Dispensary. At the free clinic, an admission fee of ten cents is charged. At the evening clinic, a charge of \$1.00 per visit is made which covers medicine and treatment.

Eight Up-State Dispensaries. In three of the dispensaries, a routine dispensary charge is made. In five, no charge is made except for vaccines, etc.

SOCIAL SERVICE AND FOLLOW-UP

Brooklyn Hospital Dispensary. The same system of sending out card notices to patients who fail to continue treatment is used as described above for syphilis patients.

Eight Up-State Dispensaries. Only three of the dispensaries definitely state that they make an effort to persuade their patients to continue treatment. The others apparently make no attempt whatever along this line.

The Brooklyn Hospital Dispensary has no social service worker connected with it. Three of the up-state dispensaries use social service workers of the hospitals with which they are connected, and one, students from the medical college.

DISCHARGE OF PATIENTS

Brooklyn Hospital Dispensary. At this dispensary the patient's history must show three monthly negative prostatic smears, a negative complement fixation test, a clinical cure, and a final examination of the urethra.

Eight Up-State Dispensaries. Four of these dispensaries require negative prostatic massage; four require negative cervical smear; and one requires negative complement fixation test.

EDUCATION

LITERATURE AND INSTRUCTIONS

Brooklyn Hospital Dispensary. This dispensary follows the same method of giving patients pamphlets and printed instructions as in its syphilis clinic.

Eight Up-State Dispensaries. Seven of the dispensaries give patients literature or oral instructions as to how to avoid spreading the disease.

RECORDS

A. IN GENERAL

Previous Treatment

Brooklyn Hospital Dispensary. The Brooklyn Hospital Dispensary keeps a record of previous treatment, of the sources of infection, and of the sources from which the patient was referred.

Eight Up-State Dispensaries. All of these dispensaries make a record of previous treatment received by the patient at its clinic or elsewhere. Six record the source of infection, and four make a record of how the patient was referred to the clinic.

Method of Keeping Histories

Like the Brooklyn Hospital Dispensary, all eight up-state dispensaries keep their histories so that they can be easily studied.

As with syphilitic cases, the Brooklyn Hospital Dispensary binds and digests the records of each one hundred closed cases.

Of the eight up-state dispensaries, three summarize and digest their histories yearly.

B. ADMISSION, ATTENDANCE AND DISCHARGE OF PATIENTS

Questions regarding the admission, attendance, and discharge of patients were also included in the questionnaire on gonorrhea, but here, too, the replies were so incomplete and conflicting that they are of little value and are therefore omitted.

From the foregoing it will be seen that the dispensaries throughout New York State have made a beginning, small though it is, in providing facilities for the diagnosis and treatment of these diseases. One-third of the dispensaries now maintain clinics both for syphilis and gonorrhea. Their facilities and staff, to be sure, are often inadequate, but these it may be expected will be improved with time and the growing realization of the importance of this problem. Moreover, in view of the growing willingness on the part of dispensary authorities to meet this problem, we may shortly expect to see clinics for the treatment of syphilis and gonorrhea established in many more of the dispensaries of the state.

It is particularly important at the present moment for all hospitals and dispensaries to give serious consideration to the subject. Venereal diseases are not likely to decrease during the next few years and not only must attention be paid to them as a

military problem but the civil population must be cared for. Every focus of infection, possible of location, must be found. Facilities must be increased to meet the existing demand and should be developed with due regard to the future needs of the state.

LIBERTY AND DISCIPLINE¹

Now the test of a civilization based on liberty is the use men make of the liberty they enjoy, and it is a failure not only if men use it to do wrong, but also if they use it to do nothing, or as little as is possible to maintain themselves in personal comfort. This is true of our institutions as a whole and of the American college in particular. A student who has no sustaining faith in the education he can get there; who will not practice the self-discipline needed to obtain it; who uses his liberty to put forth not his utmost, but the least possible effort; who uses it not to acquire, but to evade, a thorough education, fails to that extent in his duty to himself, to his college, to his country, and to the civilization he inherits.

Never have I been able to understand—and even less than ever in these terrible days, when young men, on whom the future shone bright with hope, sacrifice from a sense of duty their lives, the welfare of those dearest to them, and everything they care for—less than ever can I understand how any man can stand in safety on a hillside and watch the struggle of life in the plain below without longing to take part therein; how he can see the world pass by without a craving to make his mark, however small, on his day and generation. Many a man who would be eager to join a deadly charge if his country were at war, lacks the insight or imagination to perceive that the warfare of civilization is waged not more upon the battlefield than in the workshop, at the desk, in the laboratory, and the library. We have learned in this stress of nations that men cannot fight without ammunition well made in abundance; but we do not see that the crucial matter in civilization is the preparedness of young men for the work of the world; not only an ample supply of the best material, but a product moulded on the best pattern, tempered and finished to the highest point of perfection. Is this the ideal of a dreamer that cannot be realized; or is it a vision which young men will see and turn to a virile faith?

A. LAWRENCE LOWELL,
President of Harvard University.

¹ *Liberty and Discipline, a Talk to Freshmen.* An address delivered to the freshmen class of Yale College, October 15, 1915. Yale University Press, New Haven, 1916.

WHAT IS CHICAGO DOING FOR THE VENEREALLY DISEASED?

A SYMPOSIUM BY DR. WILLIAM T. BELFIELD, DR. WILLIAM ALLEN PUSEY, DR. F. O. TONNEY, DR. OLIVER S. ORMSBY, DR. B. NEWTON NOVY, DR. ANNA E. BLOUNT, DR. RACHELLE S. YARROS, DR. LEWIS W. BREMERMAN, AND OTHERS.

The meeting before which the following papers were presented was held at the Chicago City Club on December 14, 1916, in connection with a dinner which was attended by physicians, nurses, social workers, and others interested generally in social hygiene work. The lively interest of certain members of the Chicago Woman's Club, the Woman's City Club of Chicago, and the Chicago City Club, particularly in the public health aspects of social hygiene, led to their sharing with the American Social Hygiene Association the auspices of the meeting. Dr. William T. Belfield, professor of genito-urinary surgery, Rush Medical College, secretary and one of the founders of the Chicago Society of Social Hygiene, presided. In his opening remarks, Dr. Belfield said:—

Fifty years ago personal liberty, as then interpreted, assured to every resident of Chicago the right to acquire scarlet fever or diphtheria, and to scatter it among his friends and schoolmates without hindrance by the law. The city did, however, recognize one duty in the premises, namely, to see that the remains were decently interred.

Today, personal liberty assures to every resident of Chicago the right to acquire syphilis or gonorrhea, and to communicate this to his intimates, to his bride, even to his unborn children, without hindrance by the law. The state does, however, recognize one duty in the premises, namely, to see that the remains are decently interred in asylums for the insane, for the feeble-minded, for the blind, in penitentiaries and poorhouses, all of which owe a large part of their rapidly increasing population to the venereal diseases. Illinois spends mil-

lions every year in mopping up the floor, but neglects to turn off the faucet.

Since the disasters wrought by syphilis—civic, economic, vital—are incomparably greater than are those entailed by scarlet fever, the necessity for protecting the community against syphilis is obviously the more imperative; yet for reasons evident and cogent, the public refuses to adopt against syphilis those protective measures which have long been used against scarlet fever, including compulsory notification and quarantine. A proposed ordinance now in the hands of the Health Committee of the Chicago Common Council carefully excludes these two features.

A decade ago, the education of the public concerning the disasters entailed by the venereal diseases was begun by societies organized for that purpose in New York, Philadelphia, and Chicago, and subsequently in a score of other cities. My acquaintance with this movement has been rather intimate, because of my association, since its inception ten years ago, with the Chicago Society of Social Hygiene—which society, by the way, coined the phrase “Social Hygiene” to designate this movement; a coin that has since secured general circulation in this sense.

While not a visionary optimist, I am convinced that the social hygiene campaign in this country has been worth while. For it is now generally conceded to be not a new phase of religious mania, but the earnest effort of intelligent people to check the tide of physical and mental degeneracy, already painfully apparent in our population. Several states now require a certificate of freedom from venereal disease from all male applicants for a marriage license; in other states, innumerable fathers now privately demand similar assurance before giving their daughters in marriage. A dean of a large university has publicly stated that of their five thousand students, the number contracting venereal disease has in five years dropped from eighteen to one per cent.

Even the enemies of the movement have given convincing testimony to its value. Thus nine years ago certain magnates of the Chicago red-light district—then ablaze with glory and electricity—instigated the police to exclude from that district certain leaflets published by the Chicago Society of Social Hygiene, on the ground that said leaflets were shockingly “immoral.” So strong was their pull with police officials, that we referred the matter to the then Corporation Counsel, Mr. Brundage. After reading the leaflets, including the

names of the officers responsible for them, Mr. Brundage officially decided that the social and moral tone of the red-light district would not be seriously impaired by this literature.

No man imagines that a knowledge of the venereal diseases alone will restrain all young men from contracting them; but some of us do believe that this knowledge will reduce—indeed has already reduced—the contamination of wives and children with these diseases.

This, I take it, should be the prime effort of the social hygiene movement—to keep these infections out of the family, out of the stock; and this is not only the most important effort, but also the most feasible, because its wisdom and justice are heartily conceded by all, even by those already infected.

A few physicians have acquired a profound knowledge of syphilis, both as a disease and as a public health problem. One of these—perhaps the best qualified—will discuss for us “What Chicago Should Do for the Venereally Diseased.”

Dr. Belfield then introduced Dr. William Allen Pusey, professor of dermatology at the University of Illinois College of Medicine and author of *Syphilis as a Modern Problem*. Dr. Pusey spoke as follows:—

Gonorrhea is probably the commonest of important specific infectious diseases, and syphilis is only less common than gonorrhea. I can not give the exact figures of the prevalence of either of these diseases. It is well within the facts to say that five per cent. of the adult population of the United States has had syphilis. I am not so familiar with statistics as to gonorrhea. They vary widely, but I have no doubt that it is an under-estimate to say that twenty per cent. of the adult population has had gonorrhea, and of those who have had either of these diseases a great many continue to have them. The problem of these diseases, therefore, is exceedingly important, and it is a very vital question what a city the size of Chicago should do for the venereally infected.

The indirect methods of attack upon the venereal diseases, by inculcating the advantages of clean living, of sexual restraint, of high moral standards, by the regulation or repression of prostitution, and by the control of the liquor traffic, are all of more or less value. Quarantine or isolation of the venereally infected is impractical because of the long duration of the diseases and the enormous number of cases.

Education as to the dangers of the venereal diseases acts as a deterrent only to the intelligent and the cautious. Education as to measures for preventing infection upon contact with venereal infections can be only slow, presents difficult questions, and for a long time, if not always, can reach only the intelligent or special classes in the community. I believe we can not hope to see any radical effect produced upon the extent of the venereal diseases through these methods of attack.

We have, however, one method of attack upon the venereal diseases which is definite, positive, and capable of wide application; and that is the suppression of the infectiousness of the venereal diseases by intelligent treatment. If syphilis and gonorrhea are taken early and treated intelligently their infectiousness can be promptly suppressed almost to the vanishing point, instead of lingering as it does for months and years when prompt and proper treatment is not instituted. Every case of venereal disease promptly treated means the destruction of a focus of danger to the community, and it is this fact which justifies the insistence on the importance of means for the treatment of the venereal diseases purely as a matter of sanitary business. The subject is so important to the people as a whole that it could well be urged that the state should, as a matter of public policy, provide adequate means for the treatment of all who are venereally infected. But the time is not ripe when we can hope for so radical a social measure.

The best that can be done now is to urge that a proper start be made in this direction. The question will arise in some minds: "Have we not a very large start already made in our present hospitals and dispensaries? Are they not already doing this work, and providing an object lesson?" They are not, and there are many reasons for this. In hospitals and dispensaries it has been the custom to look on the venereal diseases as step-children—not to say bastards—among diseases. Charity hospitals will not provide for them, and dispensaries are ill-equipped to take care of them. These institutions have not awakened to the duty they have to the community in treating these patients, not only for the patients themselves, but for the protection of others. Some start is being made in the right direction, but so far it is a very small start. The attitude of most hospitals and dispensaries towards the matter is still one of Pharisaical intolerance or of ignorant inappreciation of their duties.

What should be done? Perhaps the best way to indicate this would be to sketch in briefest outline the best measures that could be established.

The best condition would be to have provided universal opportunity for proper treatment of those venereally diseased, and in Utopia this would certainly mean compulsory treatment. At the present time efforts should be limited to the provision in dispensaries, and to some extent in hospitals, for the proper treatment of these cases. The chief essentials of a proper venereal department of a dispensary are: First, that it be well manned. Second, that it be properly equipped for diagnosis and treatment. Third, that it should have a social service including a follow-up system. Fourth, that it should be free, easy of access, and without difficult or embarrassing conditions.

Competent physicians and a well-manned service are the first essential. The diagnosis and treatment of venereal diseases at the present time is highly specialized work, and it requires men trained for it. In fairness, in order to command a sufficient amount of the men's time and for the sake of discipline, the attending physicians should have salaries, not necessarily large, but enough to justify the exacting of efficient work. Adequate provisions for diagnosis and treatment are also necessary. Here is one point where dispensaries now are weak.

Such provisions are not very elaborate nor very expensive, but an adequate equipment is essential to good work. The furnishing of diagnosis in these cases, as is done by health departments frequently, while useful in a way, can not be regarded as any adequate substitute for proper dispensaries. The diagnoses are needed only because they are a prerequisite to treatment. Treatment is the essential thing.

The social service is needed to instruct the patients; to encourage them in what to many of them is one of the depressing experiences of life; to look after social conditions; and to carry out a follow-up system which is necessary in order to hold the patients under treatment. This social service, by men for men, and by women for women, is an essential part of a successful scheme of this kind.

Opportunities for treatment must be accessible, free, and devoid of embarrassing conditions. Convenient hours for consultations are necessary; and that means evening dispensaries, in order that patients may attend without sacrificing time from their work. Treatment should be free to the poor, but in any extensive scheme of this sort opportunity should be provided for patients able to pay small fees. In order that patients may readily seek treatment, embarrassing conditions concerning treatment should be avoided as far as possible. For this reason these venereal services should as far as possible be departments of general dispensaries. In the same reason lies the objection to the

notification of venereal diseases. It deters the patient from seeking treatment in a dispensary, as elsewhere, where he thinks his secrets may be disclosed.

To apply this scheme specifically to Chicago, the first thing that should be done would be to bring our present dispensary and hospital wards for venereal diseases up to modern standards of efficiency. These departments should be well supported, and their workers should be imbued with the fact that in treating these patients they are dealing with a sanitary problem of prime importance. I believe it would be a good plan to have an institution started downtown in Chicago along these lines with a medical staff of well-trained men. They could nearly all be young men, but they should have an older director who should be in charge of the service, and who should not only have competent training, but should be free from political entanglements and independent in the appointment of his staff of physicians and other assistants. Such an institution would be valuable not only for taking care of the venereally diseased, but especially as an object lesson.

It may be objected that a few such institutions would only scratch the surface of the problem of venereal diseases. That is true, but the thing that encourages one to urge a crusade of this sort is that it does not have to be carried out in full in order to perform a public service; for every patient freed from the infectious dangers of gonorrhea or syphilis means the removal of a danger to the public. Every prostitute with syphilis or gonorrhea so cared for prevents scores of cases of venereal disease; thus one well-equipped dispensary service or institution for treating venereal diseases does a service to the public far in excess of its cost, justifies its existence even alone, and is a step in the direction in which lies the only practical solution of the control of the venereal diseases.

The next speaker was Dr. F. O. Tonney, director of the Chicago Health Department laboratories. Dr. Tonney's paper, prepared in collaboration with Mr. L. K. Torbet, secretary of the Chicago Morals Commission, was entitled "What the City of Chicago is Doing for the Venereally Diseased," and is presented in a somewhat abridged form.

In the year 1910 a venereal clinic was established in the Iroquois Hospital, and shortly subsequent thereto the health department

laboratory began in a small way to accept blood specimens for Wassermann tests and smears for diagnosis of gonorrhea. Wassermann tests were necessarily limited to specimens collected from charity patients. Since that time several efforts have been made to secure the passage of an ordinance requiring the reporting of venereal diseases to the health department. These efforts have not been successful. At the present time no venereal clinics are being operated by the health department, although specimens of blood for laboratory tests are being collected daily at the Iroquois Hospital.

In presenting the subject-matter under consideration, we purpose to follow in outline the recommendations of the American Public Health Association, originally published in 1913¹ and to show wherein the existing facilities correspond with or fall short of fulfilment of those recommendations. The recommendations, addressed to the state, provincial, and municipal governments, are:—

1. To insure a system of confidential notification of those diseases to a sanitary authority;
2. To conduct a systematic educational campaign for the limitation of the spread of these diseases; and
3. To make proper provision for the diagnosis and treatment of all cases of syphilis and gonococcus infection not otherwise provided for.

(1) At the present time, as stated above, venereal diseases are not required by ordinance to be reported to the Department of Health. A considerable number of confidential reports of venereal cases, however, are now being received by the health department in connection with laboratory specimens. The number during the year 1915 was 1951, of which 1604 were received in connection with Wassermann tests, and 347 with gonorrheal specimens.

(2) While the health department has always endeavored to do some educational work in regard to the prevention of venereal disease, the Morals Commission, which is intimately connected with the health department through budget provision and otherwise, constitutes the chief agency through which publicity relative to the fundamental conditions underlying the spread of venereal disease has been secured. This commission, which was established by ordinance of November 30, 1914, has been the means of collecting and disseminating through its published reports and recommendations to the mayor and city council much valuable fundamental data.

(3) On May 27, 1911, the health department laboratory first began to accept specimens for Wassermann test. For various reasons it has

¹ American Journal of Public Health, vol. 3, No. 10.

been necessary to confine such work strictly to the service of charity patients. This branch of the service has grown materially. During the year 1915, among a total of 221,433 various examinations, the laboratory made 1604 Wassermann tests, 3 gonorrheal complement fixation tests, and 347 examinations of pus for gonorrhea. Experience has shown, however, that although the laboratory possesses suitable space and equipment for such work, it must materially increase its force of bacteriologists and assistants before unlimited free serological service can be offered.

For the treatment of venereal cases not otherwise able to secure treatment, there are no clinic facilities owned and operated by the municipality. Such facilities, however, are provided by the general clinics of the various medical schools in Chicago, a discussion of which is included in the program of the evening.

The chairman of the meeting next presented Dr. Oliver S. Ormsby, professor of dermatology at Rush Medical College. Dr. Ormsby spoke as follows, regarding "The Treatment of Syphilis in the Dermatological Department of the Central Free Dispensary," which dispensary is affiliated with Rush Medical College:—

The older methods employed made the treatment of syphilis a comparatively simple matter. In most clinics, hospitals, and dispensaries, mercury was the drug chiefly employed, and this was administered by mouth, by inunction, or by injection. When either of the first two methods was used, the patient could carry out the treatment unaided. Injections, however, had to be administered at the clinic and required some additional time of the physician. The other agents, chief of which was potassium iodid, were also taken by the patient, and therefore required no special effort on the part of the attending physician.

Now the matter is different. It has recently been found that by the older methods of treatment a large number of patients never recover, and that the treatment therefore is far from efficient. The treatment now being employed by most European clinics, hospitals, and physicians, and by most physicians in this country and a few clinics, requires much more equipment, more time, more workers, and much more money, but its efficiency seems to warrant the extra effort.

At the dispensary, the dermatological department has fitted up a room for administering salvarsan and equipped it with the necessary

apparatus for the work, together with apparatus for the demonstration of *spirocheta pallida*, the causative organism of syphilis; and has also equipped a laboratory for making Wassermann tests. It has employed a special worker to make these tests and assist in administering salvarsan. In a disease having latent periods, such as are presented in syphilis, treatment is necessarily controlled to some extent by blood and spinal-fluid tests. It is therefore necessary for successful work to have facilities for making these tests.

The department has in the past had some service from the social service department, and, beginning January 1, 1917, will have a social service worker devoting her entire time to this work.

From April until December 12, 1916, 823 salvarsan and 635 mercurial injections were given to 182 patients suffering from syphilis, and 1213 Wassermann tests were made. The treatment is given in courses, five salvarsan injections and from twelve to twenty mercurial injections constituting a course, with the entire work controlled by Wassermann tests. The amount of treatment and the technique in each case depend upon whether the case is abortive, early active, late, latent, or nervous.

By this method, the patients are kept under better control than formerly, are given a much better chance to recover, and their relatives and associates are better protected from accidental infection. The patients at the dispensary get practically the same treatment as private patients do who are able to pay and do pay large fees for the work. From the standpoint of public health, something is being accomplished by clearing up the infectious cases soon, thus preventing the spread of the disease. By having a social service worker keep in touch with the families in which a case exists, the patient is less likely to neglect treatment, and other members of the family are protected through proper instruction, and associated cases are urged to take treatment. As a further aid, the social service worker ascertains whether the people are entitled to dispensary treatment. Not infrequently a child is brought in who has been accidentally infected, and on investigation other members of the family are found to be suffering with the disorder and are instructed to take proper treatment.

It is a well-known fact that patients of the dispensary class are apt to neglect treatment as soon as symptoms have disappeared, and in these cases serious consequences may follow. When treatment is carried out as outlined in this paper, most patients recognize its importance and lend their coöperation.

Dr. B. Newton Novy, of the genito-urinary department of Northwestern University Medical School, made the following statement regarding the "Free Dispensaries and Clinics in Chicago:"—

We have in Chicago free dispensaries and clinics in connection with six colleges, three post-graduate schools, and one marine hospital. There is also one free private dispensary. All but one (and that has very little genito-urinary work) are supported by the schools and students and are run for the benefit of the students. There is no municipal dispensary. At these various dispensaries were treated during 1916, approximately 8000 cases of gonorrhea and syphilis, old and new. All the dispensaries have morning or afternoon hours. We have no night dispensaries. All are situated in the school and hospital districts on the west side and south side. There are no dispensaries on the north side, northwest side, nor southwest side. At least four of the dispensaries have laboratories, where diagnostic and Wassermann work is done free.

Most of the dispensaries are fairly well equipped with instruments and material, but we can only do so much and no more, in the first place on account of the character of the patients. The chronic cases or the chronic disease carriers come to the dispensary when they have an acute attack, with pain or discomfort or with an acute exacerbation of a chronic attack. They stay with us until the acute or painful stage passes and then voluntarily leave, uncured. The unemployed come to the dispensaries because they are out of work and have no money. They stay with us one to three weeks, or until they get employment, and then, on account of working all day, they are unable to return for treatment and they remain uncured. So that I can truthfully say that not more than ten to fifteen per cent of the cases treated by us are discharged cured. Secondly, we have no social service, no follow-up system, and no hospitals connected with the dispensaries, so that no matter how hard we work, no matter how great the doctors, we are limited.

There is only one hospital in Chicago that receives these cases, and this one will not take them in free. They charge about \$10 a week for a room, and as most of the patients can not pay that much, they must go without hospital treatment, mingle with others, spreading disease until they become grave surgical cases or develop some form of insanity, and then become public charges.

In the open discussion following the formal addresses, a number of physicians, nurses, and social workers participated. A few of the points made by these speakers may be profitably quoted here.

"I have seen in one dispensary," said Dr. Lewis W. Bremerman, "an absolute inadequacy of equipment to such an extent that patients would not return for further treatment. They knew that they were not receiving proper treatment in their cases. If this is the case in one, is it not likely that other dispensaries are run in the same manner?"

"In the treatment of these diseases, the great disadvantage is that we have not cured the patients who have come to us for treatment," said Mr. John E. Ransom, superintendent of the Central Free Dispensary. "I have gone over the records of our institution for 1914-15, with reference to cases of syphilis and gonorrhea. The number of patients who made visits enough to be cured was very small indeed. Keep them under treatment until treatment is completed—that is the problem of the medical institution. It may not be the doctors' problem in such an institution, but it is the problem of the administration; and in so far as it fails to keep its patients under treatment until treatment is completed, it is failing as a medical institution."

Dr. Anna E. Blount said: "We never accomplished anything in the tuberculosis campaign until we finally found that the cause of tuberculosis was the intrenched ignorance of mankind. We have the same lesson to learn about venereal diseases."

"One of the things that has been suggested, and which seems to be an excellent idea, is to make a survey as to what is really being done for the venereally diseased," said Dr. Rachelle S. Yarros. "When we realize the large number of cases of venereal diseases in Chicago, we will see how little is being done for our venereally diseased. If we are going to treat these cases, we ought to have proper provision for treatment. As an illustration is the splendid work done at the Brooklyn Hospital Dispensary. I think all other cities ought to copy this institution. We all agree that venereal clinics ought to be first-class clinics, because these people need first-class treatment."

Mr. Samuel P. Thrasher, in speaking of the work of the Committee of Fifteen, pressed much into the following sentence: "If for no other reason than that of public health, prostitution should be suppressed."

Dr. Arthur William Stillians, associate professor of dermatology and syphilis, Chicago College of Medicine and Surgery, described the work of the evening pay clinic of the Lincoln Dispensary:—

In attempting to follow up and help the patients discharged from the women's ward of the skin and venereal service of Cook County Hospital, Mrs. E. S. Rydstrom, our excellent social worker, soon felt that her efforts to keep these unfortunates under treatment after she had found positions for them were balked by the lack of opportunity to obtain treatment in the evening. To fill this need our clinic was organized, at the request of Mrs. Ira Couch Wood, president of the Illinois Training School for Nurses, under whose direction the social service at the Cook County Hospital is maintained.

We have attempted to follow along the lines of the evening clinics conducted by the Boston Dispensary² and the Brooklyn Hospital Dispensary,³ and are indebted to Mr. Davis and Dr. Thomson not only for the valuable instruction obtained from their writings, but for very cordial letters of encouragement. Our clinic began June 29, 1916, and for the first three months was held only once a week. Since October it has been open twice a week, on Tuesday and Thursday evenings from seven to nine o'clock. During our first six months we have treated in the dermatological clinic 54 cases, making 279 visits, an average of 7.6 per evening, and have administered 91 doses of neosalvarsan, salvarsan, arseno-benzol, or diarsenol. Of our first 25 cases, 17 have been regular in attendance and have had negative Wassermann reactions for some time.

The genito-urinary clinic has been in operation since October 4, under Dr. G. A. Remington, and has treated 13 cases, who have made 48 visits. Owing to the fact that our progress, so far, has been largely in the line of organization, and that we have done no advertising, these figures, which seem pitifully small compared to the great field of usefulness which we believe to be open to such undertakings, are not very impressive. But we have aimed at thoroughness rather than a large clientele, and have found that the number of patients that we are able to treat well in an evening is not very large.

² Davis, Michael M., Evening clinics for venereal disease. *SOCIAL HYGIENE*, 1915, vol. i, No. 3.

³ Thomson, Alec Nicol, The genito-urinary department of the Brooklyn Hospital Dispensary. *Ibid.*, vol. ii, No. 1.

At the beginning a charge of \$1 was made for consultation and medicine, but we have concluded that a fee of 50 cents for consultation and an extra charge for medicine is fairer to the patient and to the clinic. The Wassermann reaction costs \$1. Most of the other laboratory work is free. Medicines cost a little more than the wholesale cost of the drugs, and for injections of salvarsan we charge \$1 more than the wholesale cost of the drug. Thus the whole expense to the patient is seldom more, often less, than the cost of his medicine at retail, as Davis⁴ has pointed out.

We expect to do a little charity. At first we did much more than necessary, owing to a poor system of collecting. The real need for charity among patients who can not attend the day clinics is, of course, small.

Financially we have come out about even, paying our expenses except the rent, light, and heat, and the salaries of nurse, druggist, and, clerk, all paid by the Lincoln Dispensary in connection with its other clinics. At first the attending physicians made no charge, until things were under way. Since October they have been paid a small fee for their services. So far we have been under no expense for social work. Mrs. Rydstrom has donated her services for the benefit of her patients, and too much can not be said in praise of her tactful management of what is probably the most difficult of all classes to handle. We gladly take this opportunity to thank her for her untiring efforts in behalf of the clinic.

Advertising we have attempted only recently by posting cards announcing an "Evening Clinic for People of Moderate Means," in work-rooms, restaurants, and other places frequented by the poorly paid workers. We have not had time to see any results as yet.

Attempts to teach the patients how to live and care for themselves as well as how to protect others from infection have been made by means of the printed *Rules of Conduct for Syphilitics*, and by personal instruction by the doctors, nurse, and social worker.

Medical teaching has been limited, owing to the character of the work. Few patients object to the presence of a few undergraduate or postgraduate students. There is an opportunity in such a clinic for very valuable teaching, especially along the line of therapy.

"I believe that the establishment of more and more dispensaries will do comparatively little to rid us of gonorrhea," said Dr. Bertha

⁴ Davis, Michael M. Loc. cit.

Van Hoosen. "I believe that the best way would be to tell our patients with gonorrhea, that they have gonorrhea and that it is a menace to their health, and that they should go to the hospital and be treated in a very conscientious way. We have had uniform success when we have taken the matter seriously."

Dr. Charles S. Bacon asked the question which was undoubtedly uppermost in the minds of the people present:—

I would like to ask Dr. Pusey to tell us whether he thinks the agencies now existing, the dispensaries now handling this work, are sufficient to meet the situation satisfactorily, or would it be desirable for the municipality or the county to undertake to establish dispensaries and institutions for the handling of this work, just as they have for the handling of the tuberculosis work?

Dr. Pusey concluded the discussion with the following vigorous remarks:—

In answer to Dr. Bacon: I do think that the present hospital and dispensary facilities are not nearly sufficient to handle this problem completely. I do think the first step which should be taken is to improve our present facilities.

In regard to Dr. Van Hoosen's remarks: I do not believe that any of the men and women who have talked tonight take the venereal diseases any less seriously than she does. I deny her statement that it is necessary to put these patients in a hospital. They can for the most part be taken care of on their feet, and we can handle the problem practically by providing care for ambulant cases.

I always have a feeling of regret when the moral issues are raised in these discussions on the medical aspects of the venereal diseases. I believe in discussing the moral side of this subject, but there is also a medical side—a sanitary side—which is worthy of discussion, and the invariable injection of the moral questions into every discussion of the sanitary and the medical aspects simply confuses the discussion. We medical men understand—a fact which we apparently often are not given credit for—that there is a moral side to the venereal diseases, but we also understand that the subject is one which is capable of discussion as a medical and sanitary problem alone. The venereal diseases are diseases. They can be handled as diseases, and unless they are so handled we will never, in my opinion, get anywhere with them. We can not overcome the dominating influence of the sexual appetite

as a factor in this subject. Education, religion, conscience, honor, fear, will influence a part of the community, but they will not hold the submerged tenth, to say nothing of their slight restraining influence upon a large part of the other nine-tenths. If I am convinced of anything, it is that to handle the venereal problem we must tackle it as a physical problem. I am ready to support all measures for the betterment of mankind, and for the improvement of his moral status, but I am not willing to lose sight of the fact that the venereal diseases are diseases and that, to control them, they must be handled as such.

AN APPEAL TO PHYSICIANS

In the glitter and enthusiasm of military activity, in the gathering together of young men to make an army, in the concentration of recruits and training camps, one is apt to forget an intensely human side, the purely animal nature of which is the main deterrent from its public discussion. In all that we hear from the battlefield, in all that we read of wounds and death, of victory and defeat, nothing appears in the public press about the venereal hospitals. In all the newspaper and magazine reports which told us what a splendid sample of an army we had sent to Mexico, not one word was said of the number of cases of venereal infection which, in spite of all reasonable precautions, ran well up into the thousands upon thousands and were brought back from the Mexican Border to be multiplied broadcast throughout the land; and when this hideous fact was presented before a medical gathering in a Texas city, it was made a subject for jest among the physicians of the audience.

Let this appeal directly to you, Doctor. Perhaps your son will be drafted; with your knowledge of what syphilis usually, and gonorrhea often leaves in its wake, can you laugh if your son gets infected? Can you remain indifferent if some one else's son infects your daughter? These are bald, crude, unvarnished thoughts. Have you done your part to prevent the venereal peril in our own armies—are you coöperating in any way with the efforts of the Council for National Defense to prevent a great wave of venereal disease sweeping across the country and adding its millions to the millions already diseased? Use your influence in the community and explain to your boy and others what paresis, locomotor ataxia, pelvic abscess, ophthalmia, and a few dozen other trifling consequences of youthful indiscretions mean. It is part of "doing your bit."

HENRY GOODWIN WEBSTER, M.D.

Long Island Medical Journal, June, 1917.

HOW SHALL WE TEACH

THE NORMAL SCHOOLS AND COLLEGES AND THE PROBLEM OF SEX EDUCATION

BERTHA CHAPMAN CADY

Field Secretary for Education, The American Social Hygiene Association

Sex, with all its impulses, the desires, and aspirations which cluster about it, is coming more and more to be recognized as one of the most potent factors in human life. Today few question the statement that in the life of the great majority of the people sex plays a part of no small proportion. Charged as it is with fateful power, sex may either broaden life, amplify thought, elevate or re-create the conduct of an individual, or it may, if misdirected, disintegrate and destroy him.

Recognizing, then, the power for good or for evil in this natural sex instinct, how are we preparing to direct and control it? After all, the real question resolves itself into a matter of control and direction.

The Teacher and the Sex Problem. Every honest teacher knows that sex morality and conduct are among the most important problems of the school room. Practically and ideally, therefore, an education which aims to consider every factor which has a determinative influence upon the success with which life is or may be lived is bound to take this vital element of sex into serious consideration. We have no hesitation in saying we have failed thus far to do so.

The Evils Resulting from the Neglect of Sex Instruction. All our experiences and the results of careful investigation go far toward convincing us of the evils resulting from neglect to meet the natural curiosity of our boys and girls in regard to their sex natures. Nor can we longer console ourselves with the delusion that it is possible to keep our children ignorant of sex by remaining silent ourselves. We too well know the many vulgar sources of information open to young minds eager to receive anything which seemingly explains the mystery which clouds everything pertaining to sex and reproduction.

We Know the Need for This Instruction; Now Tell Us How to Impart It. Little time need now be wasted in most communities in proving the need for sex instruction. This is generally granted at once and the

call is for an education which shall meet the needs—an education which in the largest sense shall include “all scientific, ethical, social, and religious instruction and influence which directly and indirectly may help young people prepare to solve for themselves the problems of sex that inevitably come in some form into the life of every normal human individual.”

Who, then, shall meet such responsibility and of what shall the instruction consist? These are our present problems.

Who Shall the Teachers Be? Naturally, with the general confusion both as to the method and the matter no single group of workers has volunteered eagerly to serve. The very intimate nature of the subject makes in itself a matter peculiarly fitted for maturity of mind, clarity of thinking, and well-wishing—for a sympathetic personality with tact and charm; therefore, not a subject which can ever be handled well by everyone. Yet the acuteness of the situation makes it imperative that something be done.

The Parents Not Prepared. Every one will grant immediately that the parents are rightfully the responsible ones. It should, therefore, be their duty and their privilege to undertake this delicate instruction. Thus say the teacher, the doctor, the minister, the social director delighted so easily to escape a responsibility they know not how to meet. But this is indeed no solution at all.

No matter how great the duty of the parents may be in this matter, it is impossible that they should alone meet the whole responsibility and, moreover, one must admit that there is today no possible hope that the parents as a whole can be expected to deal with the problem. They are not prepared to handle it, nor can we reach them in any adequate way immediately to prepare them.

The Schools Hindered by Prejudice. Turning from the parents, we instinctively look to the great body of trained men and women in the schools, the teachers who have in so many ways met the requirements of a developing society for which parents are unequal.

Here again we find them unprepared. Teachers are not ready; school administrators are not ready; and an almost insurmountable wall of prejudice on the part of parents and the community makes it difficult for any one to undertake the task. “Everybody admits somebody should do something but nobody is willing that anybody should.” This is the way one leader expressed the deadlock.

The Physician too Ready to Emphasize the Pathological Side. Without the aid of the schools and the homes we look farther afield and we

find the physician, who has much to contribute through his splendid experience and his scientific training. Yet he cannot do all. Frequently, too, he but makes matters worse. He has long faced the facts of sex irregularities and disease and forgets that his hearers are less familiar with life. In his zeal to prevent further miseries, he pictures vividly the pathological side of the subject and terrifies unduly. This will not do, as our healthy, happy youth do not need this abnormal approach so much as the interpretation of the normal, natural expressions of sex.

The Church Unprepared. In despair, we appeal to the church. Here at least we should find a class of men and women accustomed to impart great living truths, to interpret life through high ethical ideals, and to inspire youth to nobility of body and mind and spirit. What do we find? In most cases, the same feeling of unpreparedness for the great task has kept the churchman silent.

The "Teachers" of the Street Corner Alone are Ready. Meanwhile our youth are growing into maturity without any help from us in interpreting the real meaning of sex in their own lives or in the world about them, while the old familiar channels of vulgarity and filth remain wide open.

The corrupt "teachers" of the street corner and the alley feel no hesitancy in imparting unclean, false information, while we stand silent and abashed in the presence of the noblest, the purest universal instinct of sex, the impulse which has given us our deepest joys, our love for one another, our devotion to our children, our homes and all that goes out from them.

With these facts burning in our conscience it is impossible to refuse to face the problem and to find some solution.

The old-time method of silence has failed dismally and we know it. Now let us find a better way and go about it.

No One Group but All Working Together. Again turning to our interpretation of what we now mean by the larger sex education, it is readily seen that no one group of society can or should be expected to assume full responsibility for giving instruction that covers so wide a field. It is plainly a matter for coöperation and coördination. Sex is not a thing apart from life, something to be dealt with by and for itself. It is rather of and included in all that makes life worth while and therefore must be treated as an integral part of existence. Neither is there any one period of our development when we can give all the sex information that shall ever be needed. This education is a gradual growth

from the earliest years of childhood to old age. We can no more get through with our sex education than we can any other kind of education. They go on both together to the end, and all members of a community must take a share in the training.

The Teacher's Part. Certain elements, certain basic truths can be systematically, scientifically taught in the schools. This phase of the subject will satisfy and answer the demands of the school leaders who insist that all its material shall be standardized and become a part of a more or less fixed "course of study." The atmosphere of the school in general is agreeable to this kind of information which naturally fits in with various well-established "courses" already available.

The Parents' Part. The more intimate and therefore the more effective part of the teaching rightfully belongs to the parent if that parent be in any way qualified to interpret sex and exact the necessary discipline. The community should be satisfied if with more or less informal talks the parent gains the child's complete confidence and through this frankness and intimacy gives the youth a grasp of the meaning of sex and a determination not to be found wanting in the conduct of life.

Naturally where parents are unequal to this task, it must always be assumed by a personal advisor provided by the school or the community.

The Minister's Part. For the great ethical and religious interpretation and inspiration, we have the right to turn to the church for help. So it is with all our scientific, our social or special groups—each has a part to play either as an individual or as a community unit and each is ready to undertake that part when shown how best it can be done. This is the pressing need today—a concrete, well-defined program.

The Need of a Critical Examination of the Possibilities of Sex Instruction. Nothing should be done, however, toward formulating a definite, concrete program of work until a careful study of the various experiments throughout our schools has been made.

Individual Teachers Have Met with Success in Giving Sex Instruction. The truth is that there has not been a recent critical examination of the possibilities of sex instruction in our schools or in other organized groups. We do not know, except by assumption, what the schools, for example, as a whole can and what they cannot do. There have been here and there notable achievements with good and far-reaching results. But for the most part these successes are unknown to the great body of teachers, for their success depends very largely on this method of avoiding notoriety. Wherever the work becomes known two in-

ferences are generally drawn from the results. They are regarded as models to be followed, achievements to be emulated, or they are regarded as impractical because they are exceptional. It is assumed that because they are conspicuously the product of especially interested and qualified persons, it would be hopeless to expect that such persons would be elsewhere available as needed. The general conclusion, therefore, is one of discouragement and a sense of inability to deal with the situation.

It would seem that what is now most needed is an intensive, comparative study of the sex education going on in the country, attempting to discover of what it consists, how it is offered, what are its tendencies and results.

With this plan in mind, the American Social Hygiene Association has undertaken to make a preliminary study of the actual work being done in the normal schools and colleges of the country, giving special attention to those institutions which have achieved at least some measure of success.

What the Normal Schools and Colleges are Doing. The normal schools have been chosen as the natural sources of our future teachers who shall deal with the problem in the schoolroom. Bringing together such available data is bound to be helpful to all those teachers and leaders who realizing the need for the instruction yet hesitate to undertake it without more adequate information as to matter and methods. In the hope of testing the conditions prevailing in these institutions throughout the country, such questions as the following have been submitted:—

Are you giving any sex instruction in your normal school or college? If so, are you introducing it through a special course in "sex instruction" or are you coördinating it with biology, physiology and hygiene, physical education, history and community civics, home economics, ethics, morals, literature, psychology, etc., using your own faculty and the regular well-established courses? Or are you using special lectures provided by the Young Women's Christian Association or the Young Men's Christian Association, members of the medical profession, or especially fitted members of your own staff?

Where an institution is not giving the subject any attention, an effort is made to discover what is the reason for the neglect. Is it because there is a general feeling on the part of the president of the institution that the subject is unsuited to the school course, or is there a general unwillingness to undertake it on the part of the faculty, the students, the members of the community or the parents?

It will be of distinct value can we know what is coming to be regarded as a satisfactory body of instruction; not however, with the expectation of reducing it to systematic form, but rather as desirable objects of achievement or ends to be realized wherever possible.

Having Discovered What is Being Done We Can Form a Program for the Future. Out of this body of information, we should perhaps come to know the possibilities of adapting it to the local school system, the community environment, the teaching subject about which or in connection with which the instruction is to be given, the temperament and predilections of the leader, the age, sex and type of pupil best handled by any one method. We should perhaps come to know what can and what cannot be done through class instruction and when and how the personal work, if any, is to be given. Also it should give us an understanding of what can be done through the coöperation of parents and teachers.

With such a fund of information once in our hands, it should be easy, with the aid of experienced teachers, to take a first step at least in providing a more or less concrete program for sex education in the primary, secondary, and high schools, and the colleges.

THE RESPONSIBILITY OF THE DEAN OF WOMEN FOR SEX INSTRUCTION

LOUISE FARGO BROWN

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What should be the attitude of the dean of women toward sex education? Dean Lois K. Mathews, in her handbook¹ wherein is pictured the ideal dean of women, is dumb on this important subject. Nor has it, so far as I know, figured on the programs of those conferences of deans of women the results of which Dean Mathews so admirably summarizes. And yet is it a subject that the dean of women has any more right to neglect than the subject of vocational guidance, living conditions, or social relations? Doubtless no deans of women do neglect it; certainly, however, there is a great diversity in their solution of its problems, and some consideration of these problems may be not untimely.

The dean of women, if she is qualified for her position, has a wide and intimate knowledge of girls. She knows how the present generation of

¹*The Dean of Women.* Lois K. Mathews. Boston: Houghton Mifflin Co., 1915.

young women, with few exceptions, grew up; that as children they early discovered that on the subject of the origins of life, interesting in connection with a new family of kittens or puppies, the mother, elsewhere so dependable, was not to be relied upon. She knows that they early came to realize that this was a subject somehow taboo with all except their playmates, who knew as little as themselves, or older girls, who secretly and mysteriously imparted bits of information. She knows that this information was incomplete and usually incorrect, and often so slimed over with nastiness that some of these girls will all their lives be unable to regard as clean and wholesome the fundamental biological facts of human existence. She knows that by the time they entered college most of them had probably acquired, indirectly and furtively, and with an expenditure of time and energy that might have been much better directed, some knowledge of the facts of reproduction. She knows that it would be impossible that curiosity should not have been awakened, in a day when the picture show, the theater, the books and magazines on the family table, are frankly bringing to her attention subjects which for the young girl's benefit were carefully excluded from print in English-speaking countries until the past few years. She knows that they spend a great deal of time discussing these topics, with eager interest and curiosity that is for the most part not in the least unclean or morbid, but is too intent because of their ignorance and because, through always having been associated with an atmosphere of mystery, the subject has been given undue importance.

Perhaps the reading room in the hall of residence is supplied with one of those well-meaning little books which have recently been produced in such numbers, that permit the conscientious elder to salve her conscience and yet avoid embarrassment by giving the girl in print the information that she ought to have. In that case the dean of women, entering unexpectedly, has probably seen a student hurriedly conceal the book, or slip it back on the shelves, ashamed of having been discovered showing curiosity that she has been brought up to believe is unbecoming. In a college where every freshman girl was required to read one of these books and hand in an account of her impressions, very interesting results were obtained. It was evident from these accounts that many of these young women had gained information that was entirely new, many said that incorrect ideas had been corrected, and that if they had obtained information on matters of sex earlier and in a similar way they would have been spared a great deal

of perplexity and unhappiness. When we consider that there is a tendency among young women to pretend to greater knowledge in this regard than they actually possess, it is safe to assume that the number of girls to whom the book brought enlightenment was even greater than their papers indicated.

What are our colleges and normal schools doing to dispel this ignorance, before they send girls out to become wives and mothers or to have in their charge class-rooms full of children? Or have they any responsibility in the matter? One thing that strongly differentiates discussions of sex education today from discussions of the same subject ten years ago is the decided strengthening of the opinion that the teaching of sex hygiene as a separate subject either in schools or colleges is at best a *pis aller*; that the different aspects of the subject should be treated fully and clearly in courses in biology, ethics, psychology, and sociology, and that it is above all desirable that the foundations of knowledge should be laid in early youth. This last position is largely due, undoubtedly, to the researches of psychiatrists and psychologists, who are showing the tremendous importance for later life of childish impressions and of habits formed in early years. The doubts of people who have feared that, because of the great impressionability of childhood, information on matters of sex might make the child morbid, ought to be dispelled by a realization of the fact that it is only when curiosity is not satisfied that any subject which comes into the child's mind is brooded over; that the child's curiosity as to where the kittens come from is casual, and that the subject loses interest if his mother gives him an answer which is reasonable and not open to challenge by another child. It is at a much later period that the child's questions become more searching, and if the mother has not lost his confidence by answering him with lies or evasions, he turns to her then with his questions about paternity. It is surely desirable that it be to his mother or father, and not to some other boy, that he turns. But whence is to come the generation of parents enlightened enough to perceive the obligation to answer the child's questions truthfully; well-informed and wise enough to answer them in the best way? Today we have thousands of educated mothers and fathers struggling conscientiously with this problem and solving it with varying degrees of success, and hundreds of thousands, educated and uneducated, telling the old lies, either upon the old grounds, or because they do not feel competent to select the best method of approach. And in the schools we have teachers who must deal with the results of

parents' reticence, and who will have this problem for an indeterminate time, as it will be slow work making way against the ignorance, prejudice, and inhibitions of parents. Whether in cities or in rural communities, whether in expensive private schools or in the public school of the tenements, whether in primary schools or in high schools, the teacher has the problems of smuttiness, of masturbation, of perversion in her classroom. If she is ignorant, habits are being formed before her very eyes which will vitally affect the lives of her students; if she is half-informed, by some magazine article or other on the prevalence of vice among school children and its symptoms, she is unduly suspicious, and her well-meaning efforts perhaps do more harm than good. If she has been wisely taught, she may be able, especially if she be a primary teacher, to check bad habits in their inception, and do more for the abolition of the social evil by helping in the formation of a generation of clean-minded and clean-living men and women, than any amount of publicity given to the prevalence of venereal disease can ever hope to do.

What is the present policy in colleges and normal schools in this regard? Although in a surprisingly large number the conspiracy of silence still reigns, many have adopted a definite policy. The path of least resistance is the one already referred to: the use of books or pamphlets, with or without attention to their being read. The statements of students provide the criticism of this method. A very large number showed that the girl had been shocked, or that a disagreeable impression had been produced which made the whole subject unpleasant. Although many of the books and pamphlets dealing with the subject are admirable, and may with the utmost profit be read by parents and teachers as suggestions for method, it is to be doubted whether any book is satisfactory to put into the hands of young people, simply for the reason that where the information is given orally the speaker can gauge the mood of his hearers, and adapt his tone to it, seeing, as it were, the approach of the unpleasant impression and dispelling it before it is fairly established, while the tone of the book is the same to all and unalterable, and upon a reader whose inhibitions are especially strong, or whose associations with sex matters are already unpleasant, it is likely to leave an unpleasant impression.

The idea of one college president was that the dean of women should talk with each girl individually at the time when she needed the information. The practical difficulties here are so obvious that discussion is unnecessary. It is worth noting, however, that the

conclusions of this college president were based upon the undesirable reaction produced in the college by a series of talks by a well-known lecturer on sex hygiene. This seemed to him to prove that such lectures to a group of young people, far from being desirable, were actually mischievous.

This brings us to the most general method of sex education in colleges: the lecture. Such lectures are usually given as a part of a course of lectures on personal hygiene, by the physical director, the college physician, the dean of women, or some speaker brought from outside the college. Attendance is sometimes voluntary, sometimes required of all students, sometimes expressly limited to upper-classmen or to seniors. Should it not be the freshmen rather than the seniors? A study of the effects produced leads to the conclusion, fairly obvious in any case, that the usefulness of such lectures depends entirely upon the personality and equipment of the lecturer. There are lecturers on sex hygiene who speak with a sort of unction which makes their lectures actually harmful. There are the lecturers who by sentimentality, or by the curious juxtaposition of sex and religion, produce inevitably a sense of distaste in the healthy minds of young people, which they cannot analyze, but which to them makes the subject unpleasant, when the trouble is with its presentation. Reflections on the shortcomings of the majority of lecturers result in definite conclusions. To be absolutely successful, a lecturer on sex hygiene should be either a trained biologist or a physician, so that she can speak authoritatively and at the same time be as free from self-consciousness as if she were describing the alimentary canal. It is very desirable that she be a married woman, who has borne children, though it would be a mistake to state this as an essential qualification. But above all things she must be a woman of absolutely normal, vigorous, and confidence-inspiring personality.

There is one woman who combines these qualities, and who has worked out what the writer believes to be the ideal method of sex education: a method which gives sex its proper place in the life of the individual and of society. The young women who have listened to her lectures have been shown the absolute rightness of sex, its tremendous powers for good when understood, its tremendous powers for evil when abused.²

Yet even when ideally conducted, the lecture method is open to the

²Dr. Mabel Ulrich.

criticism that it gives the subject undue prominence by segregating it; that for a week or a month the mind of the college community is fixed on a topic which ought to be an integral part of the subject-matter of courses in half a dozen departments. In many colleges the department of biology sees to it that the biological facts of reproduction are well understood by the students. By the department of sociology emphasis is laid upon the family, and upon the great social problems of today. The department of philosophy considers ethical problems. The department of psychology considers phases of normal and abnormal psychology which involve the psychology of sex. Few students take all of these courses; seldom is there an attempt to correlate the instruction given in the different departments. Could there be a more interesting or worth-while problem for a dean of women than to awaken interest among the different members of her faculty and work out with them a system of coöperation which would produce an ideal method of sex education?

The writer, whose experience in the field is limited, is doubtless by this query showing unpardonable ignorance of what has been done and is being done by deans of women along these lines; she writes these words in the hope that they may evoke publicity for any scheme that has been already evolved and practiced with success.

BOOK REVIEWS

PHYSIOLOGY, FIRST AID AND NAVAL HYGIENE. A text book for the Department of Naval Hygiene and Physiology at the U. S. Naval Academy, Annapolis, Maryland. By Dr. R. G. Heiner, U. S. Navy. Annapolis: U. S. Naval Institute, 1916. 139 p. \$1.00:

This textbook is designed for use in the United States Naval Academy. Its general scope is indicated by the author's prefatory statement:—

. . . . "A knowledge of the rudiments of hygiene, physiology and first-aid is necessary to every naval officer. Sooner or later each one of them is likely to find himself in charge of a small detachment of men at some isolated station where there is no doctor, and it will devolve upon him to make the necessary arrangements for the preservation of the health of his men, to treat their injuries and diseases, and see that their efficiency is not undermined by sickness. In order that he may do this intelligently it is necessary for him to know something about the structure and workings of the human body."

Its interest for the social hygiene worker lies in the chapter on venereal diseases which presents the subject so effectively that it is quoted in full.

"Venereal diseases are diseases that are transmitted during sexual contact.

"It is possible to contract them under other conditions, but not probable.

"Their spread is caused by promiscuous sexual intercourse, and without this they would die out and disappear. If all the people of this earth were to remain virtuous for one or two generations it is probable that venereal diseases would be stamped out for good. The germ would die, and it would take more than a thousand years of filthy and immoral living to develop a new species.

"Venereal diseases are a legacy handed down by our forefathers, and have probably taken many centuries to develop to their present state of virulency, centuries of immoral living, due, perhaps, to ignorance; let us hope so at any rate, and that we of this enlightened age will,

knowing the cause and the method of prevention, stamp out this greatest of all plagues.

"Just what are venereal diseases? There are three of them, each due to its specific germ. These germs, or microbes, or bugs as they are commonly called, are like the germs of diphtheria or smallpox. They are living organisms, which multiply as a flea on a dog or a cow, always producing their own species; in other words, if you come in contact with one of the three of these venereal diseases you will contract that particular one, and it will be the one you will transmit to another person should that person be so unfortunate as to come in close contact with you.

"These diseases through ignorance, not so much ignorance of their presence as ignorance of their terrible effects, have been transmitted from person to person until there is probably not a spot on the earth where large numbers of human beings live that they do not exist.

"It is impossible for you to go anywhere and pick out a woman who will have illegitimate intercourse and not run a great risk of becoming infected. No matter how angelic she may appear, she is a dangerous proposition if she will let you have sexual intercourse without marriage.

"Prostitutes are women who practice illegitimate intercourse as a means of livelihood. They often have themselves examined by a doctor, who gives them a certificate stating that they are free from venereal contagion. Few reputable physicians will give this certificate, as it is almost impossible to be sure that a woman of this kind is free from disease. This even after a most thorough examination, and it is possible for a woman to become infected a few hours afterwards. Prophylactic treatment taken after intercourse has saved many a man from a life of misery, but it can not be relied on as a sure method. There is no sure method.

"Is sexual intercourse necessary for health and for proper manly development? Positively no. Improper sexual intercourse gains nothing for those who participate and causes loss of self-respect.

"If a man with malice aforethought, or while under the influence of liquor, enters a disreputable place and comes in close contact with its inmates or surroundings, he will come away with many misgivings; for he realizes that there are numerous chances against him. If he escapes contracting one of the three venereal diseases, there are still the dozen and one infections of ordinary diseases, which are most likely to lurk in filthy places of this kind, to say nothing of bedbugs and certain kinds of body lice which he may carry home.

"The sexual organs come under the class of those organs which functionate periodically and have a certain time in life for functioning; as, for instance, the thymus gland, which is active in children and disappears before puberty. The secretions of the sexual organs, when not expelled, are absorbed back into the system, and are supposed to accentuate the distinctive qualities of the male sex.

"A knowledge of the three forms of sexual diseases further than before stated may be of help to impress their danger upon you. Their names are: Syphilis, Gonorrhoea, and Chancroid. All other names you have heard are complications of these three, as bubo, etc.

"*Syphilis*. The most damaging of the venereal diseases is caused by the spirocheta pallida, which first attacks the skin in the region where it comes in contact with it and causes a local sore. From this the germ enters the blood and is carried all over the body. The blood and discharges from sores, mouth, nose, and all parts of the body are infectious in a person who has syphilis, and they may remain so for many years.

"'606', a new remedy, has made some wonderful cures, but it is by no means effective in all cases. Mercury is still used for its treatment. The usual curative process requires a few painful injections of '606,' followed by a course of more painful injections of some salt of mercury covering a period of three years. An old saying is, 'One night with Venus and three years with Mercury.'

"*Gonorrhoea*, caused by the gonococcus of Neisser, is a filthy disease with its profuse discharge of pus from the urethra. It is primarily local, but may spread by the blood and cause infection of various joints, and even of the lining membrane of the heart, which latter is quite a serious affection. It may be carried to the eyes, by carelessness, or failing to destroy all dressings; wiping parts with a face towel and using the same afterwards for face, or allowing it to lie around where someone else may use it; failing to wash and disinfect the hands after dressing diseased member. Gonorrheal ophthalmia has caused many cases of total blindness.

"*Chancroid* is a local disease. It appears in the form of a dirty ulcer and may cause extensive destruction of parts.

"Syphilis and gonorrhoea are not easily cured; both may leave a man damaged, and both may break out again after being apparently cured. Both may infect an innocent wife, and both may produce damaging effects in the offspring. Many a woman has suffered from the miseries of syphilis, through no fault of her own, and many a woman

has gone to the operating table to have her sexual organs removed on account of the ravages of a gonorrheal infection. Syphilis in a parent often results in deformity and idiocy in the child.

"In the navy, on account of the menace a man with venereal disease is to his shipmates, it is necessary for the medical officers to know about and control all venereal cases. Therefore severe punishment is meted out to those who attempt to conceal a venereal case.

"The cultivation of pure thoughts and avoidance of temptation, cold baths, simple non-stimulating diet, vigorous physical exercise, and alcoholic abstinence will prove efficacious in overcoming desire."

(NOTE.—This article is an exact reproduction of Chapter V. of *Physiology, First Aid and Naval Hygiene*, by Dr. R. G. Heiner, U. S. Navy, published and copyrighted by the United States Naval Institute, Annapolis, Maryland.)

DOWNWARD PATHS: AN INQUIRY INTO THE CAUSES WHICH CONTRIBUTE TO THE MAKING OF THE PROSTITUTE, with a Foreword by A. Maude Royden. London: G. Bell & Sons, 1916. 200 p. 50 cents.

This book was written by a group of women who desire that their knowledge of why girls sell their sex function should precede any course of public action regarding the consequences of such bargaining. The information is set forth in nine brief chapters, the first of which explains how the data were gathered from rescue homes, from reports upon feeble-minded girls, and from the stories of women in the West End resorts of London. The reader is warned that these 830 cases do not adequately cover all types of immoral women, but they indicate why many become prostitutes.

Bad home conditions were found in a large proportion of the cases. In some instances indecent overcrowding and immoral example resulted in precocious sex experience. Desire for amusement, dress, or social position, stimulated by bad associates, lures many girls to seek gratification in the easiest way. The aberration of others is explained by lack of home ties, dreary lodgings, and sheer loneliness.

Seduction may result in professional immorality when the woman's character is shaken by the emotional shock, or when men seek to prey upon her frailty. Compulsion and exploitation by force seem to be less important than is generally believed, because weakness and stupidity frequently make the girl a willing though misguided victim. Lack of companionship and economic stress are important reasons for the lapses of married women and widows.

Feeble-minded girls readily become prostitutes because of their un-governed impulses and stupid docility. Since they are poor workers, they readily fall into the ways of the street. There is a large percentage of such low-grade women in institutions, but it must not therefore be assumed that the proportion of mental deficiency is so great among their more clever sisters.

The effects of general economic conditions are emphasized in the last chapter. We are told that a girl's wage may not measure the depth of her poverty, nor her occupation indicate the difficulties of decent living. Irregular employment in seasonal trades, improper quarters among servants, and loose associates among actresses, are examples of working conditions that weaken a girl's moral fibre.

In conclusion, the authors state that many of the factors that go to make the prostitute are definitely remediable. They therefore urge reforms in housing, education, industry, recreation, and political life, that women may emerge from the conditions that suppress them and lead to commercialized vice with its train of misery and disease.

H. B. W.

SELF MEASUREMENT. By William DeWitt Hyde. New York: Huebsch, 1912. 74 p. \$.50.

MARRIAGE AND DIVORCE. By John Haynes Holmes. New York: Huebsch, 1913. 63 p. \$.50.

FRIENDSHIP, LOVE AND MARRIAGE. By Edward Howard Griggs. New York: Huebsch, 1915. 74 p. \$.50.

In his introduction to the Art of Life Series, to which these three little books belong, the editor says, "The aim of this series of brief books is to illuminate the never-to-be finished art of living." And that we may decide how we are progressing in this "art," we find in *Self-Measurement* a scale by which we may measure ourselves in the various relations of life and so determine whether our lives have positive or negative value.

"The little world of personal relationship," says Edward H. Griggs in *Friendship, Love and Marriage*, "is always the heart and soul of the larger world of action," and though the phases of personal relationship are many—from that of slight acquaintanceship to those that reach into the deepest intimacies of the spirit—the same laws govern them all,

and only as these laws are obeyed do we find true friendship and happy marriage.

Marriage, however, differs from friendship in that it has a biological foundation as well as a spiritual one, and too often where this fact has been overlooked unhappiness, broken homes, and divorce are the result. The solution of the divorce question lies then, not so much in increasing the divorce laws as in raising the standards of marriage, and this will result from the regulation of personal conduct by making the act of love the ruling passion.

That the question of divorce is a most serious one in our day can not be denied when we realize that in this country the number of divorces is seven times as great as it was forty years ago. "It is doubtful," says John Haynes Holmes, "if it was ever before so thoroughly 'live' a question as it is at the present moment." He then proceeds to study in *Marriage and Divorce* the various solutions that have been offered by recent writers.

These writers he divides into Sacramentarians and Libertarians or Individualists. The first see in marriage an indissoluble tie and would grant divorce only in extreme cases. The Libertarians on the other hand, looking at marriage as the union of two individuals for their pleasure, maintain that when the relationship ceases to bring happiness and joy to either it should be dissolved. With neither class has Mr. Holmes any sympathy, for while marriage should not disregard the rights of the individual, it is above all a social institution, and as such must be regulated by the state.

Like Mr. Griggs, he believes first of all in raising the standards of marriage. "I hope," says he, "that some day the time will come when a marriage license will give the same guarantee as to the fitness of the recipients to exercise its privileges as the licenses which are now given for the practice of medicine and law." Marriage founded on true love and safeguarded by knowledge and training will almost invariably be successful and thus the divorce problem will largely solve itself. If, however, love and respect do not survive and the married persons wish a divorce, the state, after giving every opportunity for reconsideration, must grant it—but the process should be as solemn and as dignified as the original marriage service. And no one need fear that granting divorces under these conditions will menace the stability of the family or tend to undermine the state, for the final resource is love, and that "will never wholly fail."

THE ADOLESCENT PERIOD; ITS FEATURES AND MANAGEMENT. By Louis Starr. Philadelphia: P. Blakiston's Son & Co., 1915. 192 p. \$1.00.

The purpose of this book, says the author in his preface, is to furnish an outline of the physical and psychical changes of adolescence in simple terms for the ordinary reader. The aim is a worthy one, for we still need books that parents and teachers will read, books that will arouse them to an intelligent study and a sympathetic understanding of the problems of boys and girls in this critical period of life. Since G. Stanley Hall gave us his *Adolescence* in 1904, teachers and parents have been giving more attention to this subject; but their understanding has not kept pace with the increasing dangers of growing boys and girls.

Dr. Starr presents a concise, well-balanced discussion of his subject, but it is too abstract, and lacks concrete illustration. The author has not succeeded in avoiding technicalities as he says he has tried to do. Such terms as "cardiac strain," "hypertrophied tonsil," "peripheral sexual organs," "divided personality," and "psycho-analysis," however common they may be to students of psychology and biology, will tend to discourage the ordinary reader who is not familiar with these sciences.

Some statements in the book seem dogmatic. It is interesting, for example, to read that barometric variations or excessive wind movements have a marked influence upon truancy, but nowhere does the author refer to authority for his statement nor to investigations or observations of his own to support it. Probably he has the evidence. The mistake, if mistake it is, has been in withholding it. The addition of footnote references would have increased the value of the book.

The chapters on "Menstruation" and "Sexual Enlightenment," comprising about one-fourth of the book, are well written. The discussion of the pathological aspects of sex shows evidence of a wide knowledge of the subject combined with a wholesome attitude and good common sense. The author seems not to be familiar with the extensive study of Dr. M. J. Exner showing that most parents fail to instruct their boys and that most boys acquire distorted and crude information much earlier than their elders seem to think. It is very well to urge upon parents their responsibility in the matter and to say to them that "most of sexual education should be done at home." But the responsibility of the school to those children whose parents are utterly unfitted for this education should not be ignored.

Taken as a whole, however, these chapters contain much sound and valuable information which is much needed, and which is not found in most books on sex education written for parents and teachers.

H. H. M.

BOY LIFE AND SELF GOVERNMENT. By George Walter Fiske. New York: Association Press, 1916. 310 p. \$1.00.

BOYOLOGY. By H. W. Gibson. New York: Association Press, 1916. 194 p. \$1.00.

These two books on boy life may properly be considered together, as in a measure they supplement each other, and seem to represent at its highest expression the determination of the Association Press to provide for the growing number of students of these problems the best kind of subject material. Their value in leaders' classes or for parents or teachers has already been thoroughly proven. On the other hand, and of course their authors do not so presume, they are by no means final or comprehensive. Each author makes frequent references to other treatments of the theme, and Gibson's book, *Boyology*, offers as an appendix an extensive bibliography very important in itself.

One serious omission for a time when the Boy Scout movement is enjoying well-deserved popularity is that these authors have little or nothing to say regarding it. Fiske wrote before it appeared and Gibson, while evidently favoring its activities, does not give it special consideration. It is interesting to note however that in the Boy Scouts of America many of the principles of self-government and development are strongly emphasized along the very lines laid down by these writers.

In a directly constructive way Fiske defends and enlarges the theory of the culture epochs in boy life. Announcing fundamental principles and by-laws, he follows the boy through the successive stages which in the individual parallel the upward climbing progress of the race. The boy and his instincts, the struggle for manliness, the boy's religion, and the boy's home are fascinating chapters.

Gibson's book grows out of his personal vital relations to boys as a big brother beloved. It is based on painstaking questionnaires and wide experience in club room and camp. It provides a wealth of suggestive studies of the real boy and offers to all who find him at the same time delight and problem a multitude of hints for wise influence and help. Of particular interest to teachers and parents are the chapters entitled the "Language of the Fence" and "Parental Delinquency."

In the first of these the author makes a plea for sex instruction in the home as the greatest safeguard to clean thinking and clean speech among boys. With a view to getting at the facts Mr. Gibson interviewed 288 boys over fifteen years of age in forty different cities and towns, asking them the following questions: "How old were you when you were first told by anyone about sex matters?" "From whom did you first receive such information?" "What was the character of the information, pure or impure?"

As in the similar study made by Dr. Exner among college men, the results indicate that where the parents were the teachers, the information, incomplete and meager as it may have been, was pure and helpful, but where "other boys" were the guides in these matters, as happened in the great majority of cases, the information given was generally wrong and unwholesome.

This teaching will be more effective if given in the home than in the school because of the relation of confidence and comradeship between parents and children that it will encourage. And the lack of this relation is the real cause of parental delinquency, the cure for which is to be found in "a return to a normal home life. . . . where parental honor and respect is paid by children and the rights of children are honored and respected by parents."

Any one knowing the work and interests of these authors finds as he expects the heartiest apology for adult companionship and brotherly leadership, and the religious note struck clear and strong. The language in each book is clear and direct, the classifications, tables, charts, and indexes orderly and complete, and the typing and book work up to the well known standard of the Association Press.

F. D. E.

THE HIGH SCHOOL AGE. By Irving King. Indianapolis: Bobbs Merrill Company, 1914. 233 p. \$1.00.

In this book Irving King has done a great service both to the high school teacher and to the parents of high school boys and girls. The author's purpose is well expressed in one of his opening phrases: "Education of boys and girls in their teens will be effective only in proportion to our accurate understanding of their characteristics and their needs." The book aims to further this understanding by arousing a spirit of research toward the problems of youthful characteristics and needs and, in the matter it cites, to suggest investigations rather than

to supply exhaustive data. The investigations cited are valuable but my own impression on reading the book was to question how I could extend such studies to a complete knowledge of the product I teach and, if I do not mistake the author's desires, it is precisely this attitude he aims to stimulate.

How many high school teachers if they were required to qualify for higher salaries by replies to a catechism of this sort would pass the test? "What do you know about the physiological age of the pupils in your classes? How do they spend their time on leaving school? What do they eat? What ideals of conduct have they? What do they wish to do in life and what is the basis of their choice?" Every one admits, if he stops to think things through, that these were vital matters in his own youth but how often mass instruction crowds their consideration from the teacher's mind. Mr. King has presented the importance of such subjects and others equally vital in a way to make us pause and in calling attention to their consideration has produced a book that well deserves perusal by anyone who has the problems of youth to meet.

W. H. E.

THE HEALTHY GIRL. By Mrs. Joseph Cuning and A. Campbell.
London: Frowde, 1916. 191 p. \$1.75.

Among the many books now being published pertaining to sex questions, it is with pleasure that one comes across a volume that not only accomplishes the task it sets out to achieve but does so in a clean, interesting, and wholesome manner. The simplicity of expression, conciseness of thought, and a delicacy of feeling for the tender and emotional blossom, the healthy girl, contribute largely to the value of this book. It acquaints the budding girl with her own body and the purposes and functions of the various organs in an instructive and pleasing manner. Especially commendable is the opening statement of the authors that no two girls are alike and that the same treatment may be productive of different results in different girls. This is not a new idea, of course, but it is one that needs to be emphasized for, in these days, the tendency, unfortunately, is to make a rule because it happens to fit one case, regardless of the fact that each person is an individual and therefore each case differs from every other. The chapter on menstruation is excellent and well suited to the needs both of girls and their mothers.

E. R. E.

THE DECLINING BIRTH RATE. ITS CAUSES AND EFFECTS. Being the report of and the chief evidence taken by the National Birth-Rate Commission. London: Chapman and Hall Ltd., 1916. 450 p. \$2.80.

The British National Birth-Rate Commission, a volunteer body appointed by the National Council of Public Morals to make a careful study of the birth rate in the United Kingdom, heard many witnesses and had submitted to it thorough statistical studies. On the basis of the facts developed, it submitted the report which comprises about one-fifth of the present volume. The subject-matter is dealt with under the headings: Statistical Evidence; Economic and Social Aspects; The Housing Question; Medical Aspects; Moral and Religious Aspects. An addition to the report considers the questions: Is the present decline of the birth rate regrettable? If it is regrettable, is it preventable?

The conclusions may be readily summarized. There has been a decline of about one-third in the birth rate of the United Kingdom within the last thirty-five years. This cannot be traced to any marked change in the constitution of the population. It has been general but not evenly distributed over all sections. On the whole the decline has been more marked among the more prosperous classes. Conscious limitation of fertility is widely practiced especially among these classes. Various detailed analyses of other causes are presented but the question of venereal disease in relation to birth rate is not treated at length because of the work of the Royal Commission on the subject.

The regret expressed in relation to the lowered birth rate is that the increase is at present coming from those groups in the community least able to provide the best possible environment for the child's development. Education on the importance of family life and proper care of the mother are among the suggestions presented as remedies. A helpful bibliography is appended.

The evidence, representing as it does, widely divergent views, is interesting. The report as a whole is worthy of careful study by all who are interested in this fundamental question.

A. F.

POPULATION: A STUDY IN MALTHUSIANISM, By Warren S. Thompson, Ph.D. New York: Longmans, 1915. 216 p. \$1.75. (Columbia University Studies in Political Science, v. 63, no. 3.)

The author has undertaken a statistical study in order to determine whether the experience of a hundred years has proved the soundness

of the original contentions expressed by Malthus. His conclusions are: (1) Malthus was essentially right. For the great majority of people in the eastern world, the pressure upon the means of subsistence is the determining factor in the size of the family. (2) Malthus' contention that much misery is due to overcrowding and that as a consequence a large number of persons are always in want is certainly true today. (3) The population will be more and more subjected to actual want if the present rate of increase continues and the present trend of distribution of labor between agricultural and non-agricultural industries continues. The writer suggests that a further study based on this conclusion might consider the questions arising from the present methods of selection, the problems of the unfit, and the survival of the better stocks.

The present study is interesting; the facts presented are valuable; the conclusions suggestive.

A. F.

THE SINS OF THE CHILDREN. By Cosmo Hamilton. Boston: Little, Brown and Company, 1916. 352 p. \$1.40.

We find here presented the story of a father and mother who are blind to the opportunities of being real comrades and teachers of their children. The children, unprepared by any knowledge of the vital facts of life, left without advice, guidance, or understanding, blunder into mistakes and narrowly escape tragedies, not because of any deliberate badness or desire for wrongdoing but merely because they have been left unprotected and ignorant of the complexities and dangers of life.

The hero, who is a Rhodes scholar at Oxford and a thoroughly fine fellow, has kept himself pure in body and soul for the woman whom he has chosen to be the mother of his children as well as his comrade and helpmate through life. Because of misplaced friendship in the villain of the story, a parasitic dandy who lives off his friends, the hero awakens one morning to find that he has been drugged and carried off to the home of a woman of the streets. His illness appeals to the best in her and she nurses him until he is able to return home. Fearing he is no longer fit to marry his fiancée he is on the point of committing suicide when his father entering the room at the crucial moment, learns the facts, averts the tragedy, and finally brings the young people together.

There is so much that is sound in the underlying philosophy of the book that it is a pity that it is written in such a melodramatic manner.

The characters are overdrawn and the situations extreme. The book is therefore not convincing and cannot be recommended for young people.

A. E. W.

THE MARRIAGE REVOLT. A STUDY OF MARRIAGE AND DIVORCE. By William E. Carson. New York: Hearst, 1915. 481 p. \$2.00.

The title of this book suggests a radical presentation of the "spectacular" changes which are transforming domestic life, yet it is encouraging to see how impartial its author is and how helpful a mass of facts, opinions, and side lights he has been able to bring together for the student. In his own words his "object, in the first place, is to present the facts and opinions that have led to what appears to be a widespread revolt against conventional marriage and an equally widespread increase of divorce; next, to discover to what extent any definite new conceptions, emerging from this conflict, are finding acceptance; and, lastly, from an examination and analysis of causes and effects to obtain a forecast of probable future results."

The chapter on Woman's Emancipation summarizes some of the best thought of the courageous pioneers in their study of "the advanced American woman." "The progress of American women, socially, industrially, and politically, means, therefore, far more than women's rights and women's votes. Not only is it having a profound influence on family life, but it is also having its effect on the whole sphere of matrimony. As women, to an increasing extent, are becoming self-supporting and independent, they refuse to be governed by old traditions of woman's domain and woman's duties—chiefly imposed by men—and with each advance to greater freedom they have become less tolerant of evils, in and out of marriage, which were once patiently borne. The emancipation of women, in short, has given rise to new ideals of marriage which form a striking contrast to those of the past. . . . This generation of American women, in short, is the first in the world who were not compelled to depend on matrimony for their support."

The chapter on the New Morality reviews the special contributions to this problem of such men and women as Heinrick Ibsen, Gustav Hauptmann, Ellen Key, Bernard Shaw, and Tolstoi, but carries the conviction that out of present confusion a new home life is to be built upon a basis of higher morality and larger spirituality.

The chapter on Easy Divorce shows that social changes are also taking place in other countries; this unrest is not local, but world-wide. Various remedies are proposed and the facts are summed up as well perhaps as is possible at this time of experimentation and with what data are available.

Naturally many readers will cry out against such a frank statement of opposition to existing marriage conventions, denouncing the freedom of such radicals as are here quoted in all seriousness. Changes do take place and it is only fair that all sides be heard. Though this study may seem to have little upon which one can depend yet it does give a glimpse of the time too valuable to be neglected and the author has made a valuable contribution in bringing this material together.

B. C. C.

SOCIAL RULE. A STUDY OF THE WILL TO POWER. By Elsie Clews Parsons. New York: G. P. Putnam's Sons, 1916. 185 p. \$1.25.

Whatever Mrs. Parsons writes is worth reading, not only because she puts things radically and forcibly, but because the reader is sure to get a new point of view. In her new book, *Social Rule*, Mrs. Parsons proposes to supply a scientific basis for Nietzsche's will to power. Everyman's struggle to dominate men, women, nature, animals, etc., is a demonstration of the contention of the philosopher whom the world vies in denouncing and acclaiming. While Nietzsche's ideal finds its justification in pure dominion and the sense of control, Mrs. Parsons sees not the overlordship as an end in itself, but a struggle of the personality to free itself from others' will to power expressed as convention, status, classification, or any means used by the strong, or by society itself, to regulate and control the weak. Nevertheless the desire to control is the prime motive of life, but it need not take the form of injustice and injury of others. Mrs. Parsons couples her Nietzscheism with non-resistant pacificism.

Social problems are largely created by the animal impulse to dominate and exploit others. The treatment of juniors, women, slaves and servants, wage-earners, "backward" peoples, delinquents and defectives, the lower animals (each class has its chapter in the book) furnishes examples of a blind desire to utilize others through the maintenance of class distinctions. The double standard of morals is a case very much to the point. As long as the class "prostitute" can be maintained with all of the social repudiation that goes with it, its members

can be used as may suit the pleasure of those who make the class their prey.

On the other hand Mrs. Parsons has a hard word for the social reformers, the "improvers," the eugenists for example, holding that if they had their way the weak would suffer from a new form of tyranny more pitiless than any exercised heretofore. She concludes that the proper objects against which we should direct our impulse to dominate are the "self," science, art, the environment, etc.; that there should be a "concentration of our energy upon bettering nature rather than upon bettering man, or shall we say, in bettering human beings through bettering the conditions they live under. . . ."

Mrs. Parsons presents much that is true, but it does not always follow that a principle the value of which can be illustrated in many ways, will be equally promising when we attempt to apply it to the concrete situation.

V. M. C.

THE MOTHERCRAFT MANUAL. By Mary L. Read. Boston: Little, Brown and Company, 1916. 440 p. \$1.25.

The sin of America today is extravagance of living, wrong values, absence of high ideals. As President Wilson said recently, "This is the time for America to correct her unpardonable fault of wastefulness and extravagance. Let every man and woman assume the duty of careful, provident use and expenditure as a public duty, as a dictate of patriotism which no one can now expect ever to be excused or forgiven for ignoring." The remedy for these conditions is clearly set forth in Miss Read's book where she says, "The first step is to appreciate the relative values of life, of genuine simplicity and vulgar show; of educating the children to share, to carry responsibility, to be self-reliant, or to be selfish, dependent, luxury-loving." The plea set forth in every chapter is for simplicity of home furnishings, and elimination of waste in time, materials, and energy. "Do not mistake the means for the end," she says. "Orderliness, immaculate linen, garnished rooms are means. Good cheer, patience, kindness, reserve force, poise are vastly greater values. Often it is necessary to choose between the two."

Conservation of the most precious thing upon earth, human life from its earliest beginnings, is the key-note of this book, the purpose of which is set forth in the preface as follows: "To bring directly to those who have opportunity to use it—the home-makers, present and prospective

—some of the wealth of present knowledge in biology, dietetics, hygiene, domestic efficiency, child psychology, education, that is stored in the laboratories, research reports, medical records, technical journals, and educational classics, translating these from the obscure tongue of technical language into the clear speech of daily life." It is very evident to one who spends but a few moments upon the index that the married women who live at home and take care of their children may no longer be classified by the United States Census takers as "women without occupation." One has the feeling, also, when reading the introductory chapters that marriage, with its natural outcome, parenthood, is no longer a refuge for the incompetent, a haven for women who have failed at all other occupations, nor child-care a task which requires no preparation for its accomplishment.

A rational approach is made to the details of child-care by a discussion of the origin of the present institution of marriage and some of the causes of disagreement in marriage resulting in divorce. Among the chapters of especial value are those which deal with the teaching of the eugenic ideal. The necessity for early instruction in inhibitions before the period of adolescence is emphasized. Twenty pages are devoted to an outline for the exhaustive study of the child, providing for physical, psychological and social analyses. There are chapters on nature-study and the out-of-doors life which gladden the heart of the nature lover and corroborate his belief that life need not be dull if children were but given their birth-right to be born and live for ten years in a rural community where there are no signs "Keep off the Grass" and where there is room for pets. Probably very few grown-ups realize the important part which toys may play in the development of the child, and an entire chapter on this subject keeps the reader's interest to the end. An extensive bibliography completes the book.

Throughout the work there is a spirit of quiet poise, cheerfulness, and optimism. Miss Read takes time to say, "The preparation of the baby's clothes should be a joy and not a worry or a burden," and one feels that she looks upon motherhood as a sacred rite, from which the mother should experience supreme satisfaction.

E. W. Y.

OBSCENE LITERATURE AND CONSTITUTIONAL LAW. By Theodore Schroeder. New York: Privately printed, 1911. 440 p.

This is a collection of essays defending the freedom of the press. The thesis is that no restrictions whatever should be placed upon any

publication. The author believes that if the sources of the law relating to this subject were impartially examined, many of the present legislative restrictions surrounding publications would be held unconstitutional.

T. N. P.

RELATIVE VALUES IN PUBLIC HEALTH WORK. By Franz Schneider, Jr. New York: Russell Sage Foundation, 1916. 10 p. 10 cents.

Not how many dollars to spend but how to spend them for public health activities is the subject of this pamphlet.

Given some 1,400,000 deaths annually in continental United States, of which one in four or even one in three are from preventable causes, the health officials "must decide what parts of the losses are preventable, and must determine how the greatest return in prevention can be obtained with the money available. This is the problem of relative values in public health work."

The actual situation confronting American health officers is that "with the scanty funds now at their disposal, and the great variation in effectiveness of different activities, the most careful discrimination must be exercised in making up the department's program. A bad distribution of funds means lives lost, and the responsibility, a heavy one, falls on the administrative official."

Social workers as well as heavy taxpayers and all other citizens will be aided by this pamphlet in studying local health expenditures.

CRIMINALITY AND ECONOMIC CONDITIONS. By William Adrian Bongor. Boston: Little Brown & Co., 1916. 706 p. \$5.50.

Criminality and Economic Conditions by William Adrian Bongor is the eighth number of the Modern Criminal Science Series published under the auspices of the American Institute of Criminal Law and Criminology. The fact of its being translated and printed as one of this series is sufficient reason for its careful consideration by all who are interested in the causes and eradication of crime.

The plan of the volume is as follows: Part I relates to a "Critical Exposition of the Literature Dealing with the Relation between Criminality and Economic Conditions." In this part the writings of "The Precursors"—those "who treated the subject before the birth of modern criminal science;" "The Statisticians;" "The Italian School;" "The French School;" "The Bio-Socialists;" "The Spiritualists;" "The Third School and the Socialists" are discussed and criticized. The exposition is clear and forceful, but the question of the adequacy

of the résumé of each writer is constantly raised in the reviewer's mind. Not infrequently the impression is conveyed that the thesis of the complete dependency of criminality on economic conditions so overshadows all other things that the analysis is largely directed toward eliminating from the discussion all matters not bearing upon this side of the question and unduly emphasizing the evidence which immediately or remotely supports the writer's contention.

Part II is divided into Book I on "The Present Economic System and its Consequences" and Book II on "Criminality." The former covers in five chapters the topics: "The Present Economic System," "Social Conditions of the Different Classes," "The Relation of the Sexes and of the Family," "Alcoholism," and "Militarism." Book II covers, among other things, in seven chapters, "Economic Crimes," "Sexual Crimes," "Crimes from Vengeance and other Motives," "Political Crimes," and "Pathological Crimes."

Part II constitutes the constructive part of the treatise and the portion which is most open to criticism as a study in induction. The reviewer is frankly in doubt as to its scientific value, not so much because of its summary and analysis of classified crimes—of this he is unable to judge without a prohibitive amount of study—but rather because of the implication which runs through it and the thesis which it is made to support. The book vigorously attacks the present and past economic orders and imputes to them the etiology of crime in all its manifestations. The indictment of competition, private property, the present distribution of wealth, monopoly, etc. is drawn on almost pure Marxian lines. The analysis represents nothing of the more temperate view of Bernstein and the German Social Democrats but rather proceeds along the rigid, fatalistic lines of so-called "scientific" socialism. The reviewer's objection is not so much to the indictment nor to the manner in which it is drawn as to the part it plays in the constructive part of the treatise. The present economic system is bad, its product is crime. Cause and effect are clear to the writer; but the causal connection might have been found to be different had he not proceeded on this assumption and chosen his evidence with this in mind.

The supporting data are almost wholly statistical. No country of importance which has collected even the most rudimentary statistics of crime has been omitted in the search for evidence of the relationship of crime to economic conditions. It is in the analysis of these data that the author seems most open to criticism. At times the limitations both of the statistics collected and presented and of statistical

method in the analysis of such a problem as crime are carefully indicated, but far too often, in the reviewer's judgment, is a causal connection between crime and economic conditions supported by inadequate and questionable statistical evidence. Statistics and statistical method undoubtedly have a place in the study of the phenomena of crime, but the establishment, solely by statistical means, of cause and effect relations between economic conditions, not too definitely defined nor too clearly marked, and crime, often measured by faulty and non-comparable data, is a questionable and dangerous procedure.

Crimes, undoubtedly, are intimately associated with "economic conditions," and the writer has done a useful service unmistakably to call attention to this fact. The scientific method, however, requires the causes of crimes to be sought in "the man's heredity, the man's physical and moral make-up, his emotional temperament, the surroundings of his youth, his present home, and other conditions—all the influencing circumstances."¹ That they are all mediate, the ultimate causes being found in such an indefinite thing as "economic conditions," few I feel would care to hold with Mr. Bonger.

Having found the etiology of crime in economic conditions, the author seems obliged to outline other economic conditions in which crime would not exist. Although he gives it only as his personal opinion that the solution is to be found in the common ownership of the means of production, he traces the likely consequences of such a change and finds that "in such a society there can be no question of crime properly so-called."² Two problems are involved in his forecast. First, the possible structure of such a society, and second, the probability of crimes being committed in it. Both are matters of opinion and the writer, of course, is at liberty to believe as he will. The elimination of other causes helps to make his forecast likely but not inevitable. The inclusion of other causes leaves the question still open.

The value of the book is increased by a comprehensive bibliography.

H. S.

STUDY OF ANIMAL FAMILIES IN SCHOOLS. By LAURA B. GARRETT.

New York, Bureau of Educational Experiments, 1917. (Bulletin no. 2.) 19 p. \$10.

The remarkable success of Miss Garrett in making groups of children familiar with facts of sex through the care of animal pets gives added

¹ General Introduction to the Modern Criminal Science Series, pp. xii, xiii.

² P. 671.

importance to this recently published brochure pointing out the practical educational value of animal families in the school room.

"No child should be allowed to grow up," says Miss Garrett, "without having the training which the care of pets gives him. The values of animal friends to children are so many that it is difficult to think of them all. The most important is the joy of the child as he plays with his friends. He learns at the same time respect for life, and incidentally gains an understanding of reproduction, as he sees his pets bearing young and is automatically instilled with the appreciation of parenthood, and the cleanness of the sex instinct. . . .

"The knowledge that the child gets about animal life should be accurate and scientific. If the 'life history' of an animal is presented to a child—as it ordinarily is—with reproduction entirely omitted it is not only a lost opportunity to give the child in a natural way the information which he may otherwise acquire in a twisted way, but is an actual distortion of fact. It is essentially an unscientific point of view to expurgate your material for ulterior purposes. This does not mean that reproduction should be stressed. It should not. It should merely be treated honestly as a part of the situation when it really is a part. It thereby becomes related to something understandable and ceases to have the glamor of mystery. The children's own questions and attitudes are the best guide in this matter. This teaching when young, prepares the children for a better understanding and respect for the great surge of the creative instinct which comes to them later."

R. W. C.

NOTE AND COMMENT

A City Government Survey in Columbus, Ohio. At the invitation of the Columbus, Ohio, Civic League, the Bureau of Municipal Research of New York City has made a survey of the government of that city, the report of which has just been published.

"While no moral survey of the city was conducted, an ordinary tour of observation and conversation and interviews with interested persons in the city showed" that the policy of the present administration in Columbus is to maintain a so-called "segregated" district, the houses used for immoral purposes being distributed between two sections of the city. The police regulations with regard to the houses of prostitution and assignation require that "no liquor shall be sold within them, that minors shall not be admitted, and that music and dancing shall cease at midnight," and these regulations seem to be enforced. "No medical inspection of the inmates of these houses is provided by the city, nor are they registered with the police although from time to time a census is taken of them." The number of prostitutes soliciting upon the streets is far in excess of other cities of similar size. The state law makes it a crime for any person knowingly to rent his property for use as a disorderly resort and places upon the city officials the duty of suppressing commercialized vice.

The investigators, therefore, make the following recommendations:—

That the city administration adopt a policy of suppression of vice, and order the division of public safety to suppress all places operating in the city as houses of assignation or prostitution.

That a definite procedure be adopted for the investigation of complaints and the enforcement of the vice laws, which will provide for the proper control over the officers assigned to this work and the recording of complete information concerning the vice conditions of the city.

That the members of the uniformed force and detective bureau be relieved of all duties with respect to the enforcement of the laws against vice except that they be required to report faithfully and diligently all premises suspected of being maintained for immoral purposes.

That the chief be authorized by the director of public safety to detail plain clothes policemen to conduct a campaign against prostitutes soliciting at night.

That an ordinance be adopted requiring all rooming houses to obtain a license and to be subject to police inspection and supervision.

"The declaration of the policy of suppression followed by a vigorous prosecution of one or two of the more prominent owners of houses of assignation would automatically result in the closing of many of the premises the owners of which are now aware of the policy of toleration in effect. It has proved that commercialized prostitution flourishes where vice is protected or permitted, and decreases where authorities express and prove a determination to rid a city of it. Judging from observations made during the survey, Columbus is greatly in need of such a campaign."

In studying the work of the health board of the city, the chief criticism seems to be that not enough emphasis has been laid upon the question of preventive medicine. For example, with regard to venereal diseases which "are the most constantly prevalent of communicable diseases little attempt has as yet been made by the health department to provide any of the recognized means for the prevention of these diseases." The report therefore, recommends:—

That immediate steps be taken to encourage the reporting by physicians of cases of venereal disease.

That the health department establish a confidential clinic at the health department offices, to which persons suffering with venereal disease may go for consultation and advice.

That the health department inaugurate an educational campaign against the use of patent medicine and the operation of quack specialists in the city of Columbus, and the coöperation of the Academy of Medicine and the public press be sought to these ends.

That provision be made by the health department for increasing the laboratory service to physicians by making Wassermann tests (blood examinations for the diagnosis of syphilis) for physicians free of charge.

One other phase of the survey is of interest to social hygiene workers and that is the section dealing with recreation. In examining the commercial amusements, the investigators found that the city employed an inspector for dance halls, but that other forms of commercial recreation such as roller skating rinks, moving picture shows, wine rooms and cabaret shows, were not adequately supervised. They, therefore, recommend:—

That the ordinance be amended so as to provide for changing the title "inspector of dance halls" to "inspector of amusements," and that this officer be required to inspect and supervise all places of amusement to which women or children are admitted, including wine rooms and cabaret shows.

That "robber" and "moonlight" dances be prohibited in public dance halls, and that the halls be required to be well lighted at all times when open to the public.

That the Department of Public Welfare assume the important function of current inspection and supervision of all forms of commercialized recreation with a view to constructive development rather than to repression and prosecution.

*The Public Dance Halls of Chicago.*¹ Since 1910 the Juvenile Protective Association of Chicago has been continually watching, and from time to time intensively investigating the public dance halls of that city. A recent report supplies the following facts. In 1910-11 agents of the Association visited 328 public dance halls, and 213 were similarly visited in 1916-17. The reports of these visits indicate that about half of the dance halls investigated are poorly ventilated, more than half permit immoral dancing, liquor is sold in about two-thirds, and only about one in ten have proper facilities for drinking water. Conditions have remained substantially unchanged during the period of observation.

The majority of Chicago's public dance halls are controlled by the liquor interests and are frequently conducted solely for the purpose of stimulating the sale of alcoholic drinks. Intoxication, absence of restraint in dancing, and the presence and activities of prostitutes and their panders provide a very dangerous combination of circumstances tending to the demoralization of the young people who attend public dances. "The conditions existing in the dance halls and in the adjoining saloons transform innocent dancing and social enjoyment into drunkenness, vice and debauchery. Saloon-keepers and prostitutes are in many cases the only chaperones, and in many of the halls even young girls and boys fresh from school are plied with alcohol, and with the suggestion of vice, until dancing ceases to be recreation and becomes flagrant immorality."

Not only is the moral atmosphere of public dance halls generally bad, but the physical conditions are damaging to health. As indicated above, ventilation is generally poor, the floors are often dusty, and in a large number of cases drinking water is not conveniently provided. At times the crowd of dancers in such halls becomes so great that proper dancing becomes practically impossible. Under such conditions, and particularly when the sale of liquor is interfered with, the police have great difficulty in controlling the gangs of reckless young people. In one instance a police officer lost his life while attempting to enforce the law regarding the sale of liquor. Brawls and fights are frequent occurrences.

¹ *The Public Dance Halls of Chicago.* A report by the Juvenile Protective Association of Chicago, 1917.

Not only are the city ordinances and state laws regulating the actual conduct of dances not enforced, but the ordinances and laws regulating special licenses are not enforced in a regular and systematic fashion.

The Juvenile Protective Association, with the assistance of the Committee of Fifteen of Chicago and other Illinois organizations, is urging the present Illinois legislature to pass a law forbidding "the sale, gift and use of intoxicating liquors in any place while it is used for a public dancing or skating entertainment and in rooms and places practically accessible from such place."

*A Study of One Hundred and Ninety-six Girls under Supervision*¹ has been made by the Boston Society for the Care of Girls, with the purpose of ascertaining whether the supervision of the Society had fostered within the child "qualities which would enable her successfully to adapt herself to community life" after being discharged from the Society's care. These girls were under the supervision of the Society during the years 1908 to 1914 and for periods of not less than six months in each case. They were of various ages up to twenty-one, the largest number being between seven and fourteen. The following causes are mentioned as being the principal reasons why the girls dealt with came under the supervision of a child-helping society: temporary dependence; lack of parental responsibility; immorality of the girl herself; waywardness. "The chief reason for the admission of the largest number was because of temporary dependence. This is a broad classification, but does not show that a large number of cases are apparently temporary at the outset. The immorality group (34) is strikingly small, but it must be noted that many girls in the other groups had been immoral, but this was not the prime factor in the problem."

The report summarizes the conditions of the girls at the time of the study as follows: 26 of the 196 were "not seen" and exact information regarding them could not be secured; 35 were married; 13 were at home; 1 was in college; 7 were in high school; 40 were in grammar school; and 2 were receiving special training; 11 were earning between \$15 and \$20 per week; 9 were earning \$10 to \$15 per week; 17 were earning \$5 to \$10 per week; 3 were reported out of work; 4 were found to be "shiftless;" 1 was in a sanitarium; 4 were in hospitals for the insane; 1 was at Welcome House; 5 at Sherborn Reformatory; 11 in state institutions for the feeble-minded; and 6 were dead. Of the 196 girls, there

¹ *The Boston Society for the Care of Girls. Annual Report, 1916.*

were 128 who were considered to be living "satisfactorily" at the time of the investigation.

The report concludes that the greatest needs of a child under supervision are a thorough study of the social history including family history, and competent preliminary and follow-up mental tests by a psychologist, and that prevention must be largely through educational work with parents, the girls themselves, and the communities in which they live. "In the light of all these facts we hope to supply a three-fold need; an awakening of mothers and fathers to the knowledge that if they are careless, over strict, drunken or immoral, they are to blame; an awakening of girls to their responsibilities, by laying upon them the burden, and developing within them the power to help, and finally an awakening of communities to share in building up their bulwarks."

The "Block System" of the Juvenile Protective Association of Chicago. This does not refer to the signal system of a railroad nor to a plan for prison buildings, but is the scheme suggested by Mrs. Louise deKoven Bowen, President of the Juvenile Protective Association, to the local leagues associated with this organization for keeping the interest of their members by giving them something to do. The plan is to assign a city block to each member who will volunteer for the work and ask him to be responsible for its welfare.

The first thing for the investigator to do would be to make a survey to find out how many vacant lots, saloons, pool-rooms, dance halls, houses, churches, etc., the block contained. Having done this, he would be expected to visit his block frequently and report to the Juvenile Protective Association upon the conditions, particularly noting those that should be remedied.

The sort of investigation that could be carried on is indicated by the following questions: "Are there dance halls in the block? By whom are they owned? What is the character of the patrons? Are there any theatres? What is the character of the entertainment offered? Does the audience consist largely of children? Are there any disreputable houses in the block? Are the keepers of these houses men or women? What is the name of the owner of the property? Are there any vacant buildings in which boys and girls congregate after dark? How often does a policeman visit the block? Does he pay attention to violations of the ordinances made by the Health Department?"

Besides looking for violations of the law and reporting them to the central office of the Juvenile Protective Association, the visitor would probably find opportunity to do a good deal of constructive work, for instance, if there is a vacant lot in the block he might get permission to turn it into a garden or playground. If there is a church there that is used only on Sundays, he should try to interest the pastor in opening at least a part of it during the week for a reading room or meeting place.

In conclusion, Mrs. Bowen says, "It is thought that if every local league and association would undertake to survey four or five of its blocks in the manner I have described, and if they could be reported on at the quarterly meetings of the Juvenile Protective Association, a very valuable contribution would have been made to the civic work of the community."

Vice Conditions and Reform in New Orleans. In an article in the *Congregationalist* for March 8, Mr. Rolfe Cobleigh writes of the moral conditions in New Orleans and describes the efforts that have been made to change them.

Two institutions which have been driven out of almost every other city in America still flourish in New Orleans: the race track where gambling is carried on as a legitimate part of the sport and the red-light district where commercialized vice in its worst form is practically legalized. These offenses against morality which in other states are outlawed have not been even considered misdemeanors in Louisiana.

Realizing the necessity of passing laws to deal with these evils a few public minded citizens succeeded in securing the passage of laws which limit, though only in a very small degree, race-track gambling and commercialized vice. But even these laws have been ignored and conditions remained unchanged. Then the Citizens' League of Louisiana was organized with a committee of one hundred for law enforcement. Suit was brought against the race-track company only to have the case ruled out of court by Judge Skinner. An appeal to the state supreme court was sustained and a second attempt made to have the case tried—with the same result as before. This has happened two or three times and so far the case remains untried.

The next step was to investigate and secure evidence of the violation of the liquor laws in New Orleans. This the league proceeded to do and succeeded in piling up a mass of evidence. And then help came from an unexpected quarter. Mr. Curley Brown, the owner of a race track in Havana, tried to secure a franchise for a second one in New

Orleans. The mayor and his associates, apparently not wishing to have any competitors in this field, refused to grant it. Angered by this, Mr. Brown bought a daily paper and as the surest way of taking revenge upon the administration proceeded to back up the reformers in their efforts to drive out the vice district.

As a result of the scathing newspaper editorials the city officials felt that something had to be done and the police were sent into Storeyville, as the segregated district is called, to enforce the law. Some of the worst cabarets and saloons were closed, but only a few of them, and the two most infamous places, which are owned by the "Mayor of Storeyville," a member of the legislature, were left unmolested.

The lowest and vilest streets of this district are filled with "cribs," so-called, where the women of the underworld ply their trade in the most shameless fashion. Here they were violating the law against street solicitation in a most flagrant manner. These "cribs" were closed by the police and with only a few hours' notice seven hundred women were turned out into the street.

Following these raids, a grand jury, forced into action, was kept busy receiving evidence of violations of the law and as a result indictments have been brought against practically all the leading hotels and large numbers of resort-keepers. Many laughed at these efforts and seemed to think that the changed conditions would last only until the storm had passed. And unfortunately for New Orleans the latest reports seem to indicate that this is the case. The "cribs" are already open again and many resorts outside of the segregated district are also resuming business. Mr. Brown's newspaper is bankrupt and has discontinued publication. However the fight is not over and New Orleans may yet win in driving out these evils as she did the yellow fever and bubonic plague.

Mothers' Confidential Registry Letters. The Division of Child Hygiene of the Kansas State Board of Health is carrying on an interesting work with mothers in its campaign for better babies by sending a series of personal letters written by Dr. Lydia A. De Vilbiss, director of the division, to every prospective mother who registers with the bureau. The first letter explains the purpose: "Like every prospective mother, you want your baby to have the best you are able to give him and it is our purpose to help you to attain your every desire. To this end I am going to send you a letter each month which I hope will bring both help and cheer to you."

In this simple, personal way, the letters give directions for the proper care of the mother during this period, the necessary preparations for the coming of the baby, and in the final one several suggestions are made as to the care of the baby during its first year.

The *Massachusetts State Department of Health* in the first annual report of the reorganized Department,¹ Commissioner McLaughlin says that syphilis has been neglected in the past, although as a problem of preventable contagious disease, and in opportunity for life saving, prevention of blindness, insanity and pauperism, it is second only to tuberculosis.

What is its relative importance as a public health problem? It is responsible for more deaths than diphtheria, typhoid fever, scarlet fever, measles, whooping cough and influenza combined, and it is probably responsible for from two thousand to three thousand deaths each year in Massachusetts. Syphilis seldom appears on a death certificate. Hidden away under a dozen technical titles are thousands of deaths really due to syphilis. The economic loss due to syphilis is appalling. It increases enormously our expenses for the blind, pauper and insane. . . . At least 10 per cent. of insanity is due to syphilis, a preventable and curable disease, so that the state of Massachusetts expends at least \$450,000 annually for syphilitic insane. Under these circumstances it would seem sound business policy for the state to expend some money in the prevention of syphilis.

We have in salvarsan a specific remedy, which, if used in the early stages of syphilis, not only cures the individual but prevents him from infecting others. With our exact knowledge of the cause of the disease and possession of a specific remedy why do we not eradicate it? Three reasons may be cited which in themselves are sufficient to explain our failure to even reduce the ravages of syphilis:—

1. The prohibitive price of (and since the war, inability to obtain) salvarsan;
2. The natural desire for concealment and secrecy of the individual infected with a venereal disease which is looked upon as a social disgrace; and
3. Lack of knowledge of the prevalence of the disease, and exact methods of diagnosis.

Salvarsan is made in Germany and patented in the United States. Its price before the war was from \$3 to \$4.50 per dose. At present, owing to the war, it cannot be obtained from Germany. I believe that United States patents were never intended to deprive the people of any state of a substance which is necessary for their health and welfare. I further believe that the state of Massachusetts would be within its rights in manufacturing or in some other way procuring salvarsan for free distribution to residents of Massachusetts, in view of the fact that it cannot be obtained from Germany. Salvarsan can be made by our chemists. . . . I believe it is the plain duty of the state government to solve this problem, and that an act should be passed providing for free salvar-

¹ *First Annual Report of the State Department of Health of Massachusetts*. Boston, 1916.

san for residents of Massachusetts. . . . I believe that whenever a physician reports the data of a case of syphilis, omitting the name and address, and submits a specimen of blood which is found positive in our laboratory, the state should send him the salvarsan free with which to treat the case. . . .

I realize that syphilis is not a word to conjure with, but I do believe that in view of its great importance in loss of life, production of blindness and insanity, and enormous economic loss, Legislatures should pursue a liberal policy and spend considerable money in combating this great plague.

Some of our larger hospitals and dispensaries are doing splendid work in destroying the infection in the carrier of syphilis. Many other hospitals and dispensaries should pursue a more liberal policy. These other hospitals now refuse to admit syphilis in the early stages As a compensation salvarsan should be furnished free to hospitals and dispensaries. The time to eradicate the infection of syphilis is in the early stage. The general public must be educated in the appalling results of neglected syphilis, and dispensaries, hospitals and private physicians should be encouraged and assisted in treating the early cases, without allowing them to become cases of locomotor ataxia, general paralysis, heart disease or apoplexy.

It is said that to advertise the marvelous effect of salvarsan, and to place it within the reach of the poor, is to put a premium upon vice and to absolve the syphilitic from the just punishment of his sins. As health officers let us be practical and consider syphilis as a public health problem, leaving the academic discussion of its moral and social aspects to others. We may relieve the unfortunate sufferer from the punishment of his own misdeeds, but we are also preventing this punishment from falling upon women, children and other innocent victims. Thousands of cases are acquired innocently from syphilitics, and our plain duty is to prevent these infections by eliminating the carriers of the disease without regard to their social or moral status.

Thousands of prisoners and inmates of federal, state and municipal institutions are discharged each year, and these are turned loose without much regard to their being carriers of disease. In Massachusetts I believe that every inmate of a public institution should be tested for syphilis, and not discharged from that institution until he or she has been properly treated and shown to be no longer capable of infecting others.

As a sanitarian and practitioner of preventive medicine I desire to accentuate especially the necessity of early treatment in syphilis. The cardinal principle of our preventive campaign must be proper treatment in the early stages. In the first and second stages of syphilis the spirochaetes are more easily reached and destroyed by salvarsan, hence the chances of complete cure are vastly better than if treatment is delayed. The important point in early treatment, from the health officer's view, is that the infection is destroyed, and open sores and lesions, which are practically certain to cause other cases, are prevented.

The following table presents a résumé of the 4218 Wassermann examinations at the State Laboratory during 1915 upon various institutional groups:—

CLASSIFICATION OF PATIENTS EXAMINED	PATIENTS EXAMINED	SYPHILITIC PATIENTS	
		Number	Per cent.
Psychopathic patients.....	1,997	298	14.8
Feeble-minded and delinquent subjects....	679	61	9.0
Criminal subjects.....	185	74	40.0
Tuberculosis subjects.....	432	39	9.0
Cancer group.....	21	1	4.8*
Pregnant women.....	172	8	4.7
Infants and children.....	136	24	18.5
Acute general hospital group.....	419	68	16.2
Patients suffering from chronic disease.....	177	48	26.1
Total.....	4,218	621	15.0

*Patient had syphilis of liver and not cancer.

What Great Britain is Accomplishing. Following the recommendations of the Royal Commission on Venereal Diseases¹ the British Local Government Board issued regulations requiring the establishment by County Councils of diagnostic and treatment facilities, empowering the councils to undertake educational activities and announcing that the Local Government Board would repay 75 per cent. of the expenditures incurred under approved schemes.

The Board has recently published the needed forms and leaflets for use in connection with schemes for the prevention and treatment of venereal diseases:—

(i) Application for pathological outfit. (ii) Application for supply of approved substitute for salvarsan. (iii) Warning to be given to patient after administration of approved substitute for salvarsan. (iv) Particulars to be supplied with each specimen sent to the laboratory. (v) Report of pathologist. (vi) Instructions to patients suffering from syphilis. (vii) Instructions to patients suffering from gonorrhea. (viii) Information on the dangers of venereal diseases and on facilities for treatment. (ix) Notice for public advertisement announcing facilities for treatment. (x) Suggestions for circular from the medical officer of health to medical practitioners practising within the area of the council.

¹ *The British Royal Commission on Venereal Diseases*, SOCIAL HYGIENE, July, 1916; *Venereal Disease Regulations of the British Local Government Board*, SOCIAL HYGIENE, October, 1916; *The British National Council for Combating Venereal Diseases*, SOCIAL HYGIENE, January, 1917; *What England is Doing for the Venereally Diseased*, SOCIAL HYGIENE, April, 1917.

SUGGESTIONS FOR A PUBLIC NOTICE (e.g. in the Press).

VENEREAL DISEASES.

Although these diseases occur as the result of immoral conduct, they may be spread in other ways.

THE EFFECTS OF THESE DISEASES

upon the individual and upon the race are

GRAVE AND FAR REACHING.

It has been demonstrated that

PROMPT RECOGNITION AND SYSTEMATIC TREATMENT

of these diseases will enable the patient to avoid these grave after-consequences.

Arrangements have been made for

FREE TREATMENT FOR ALL.

Persons suffering from these diseases can have treatment

UNDER CONDITIONS OF SECRECY.

Treatment Centres have been provided **AT GENERAL HOSPITALS**, at which many other diseases are also treated.

The following Treatment Centres are available for this district:—

Further information as to these facilities, and copies of a special leaflet, on the dangers of Venereal Diseases, can be obtained from the

**MEDICAL OFFICER OF HEALTH,
PUBLIC HEALTH OFFICES.**

FORM IX, "NOTICE FOR PUBLIC ADVERTISEMENT ANNOUNCING
FACILITIES FOR TREATMENT" CONSIDERABLY
REDUCED IN SIZE

In March 1917 the Local Government Board presented to Parliament a report which says in part:—

1. Considerable progress has already been made with the organization of measures for the provision of free diagnosis and treatment for persons suffering from or suspected to be suffering from, venereal disease. The Local Government Board have information that between 130 and 140 hospitals in England and Wales have expressed their willingness to participate in the schemes of local authorities, and although in a few instances the authorities of important hospitals have been reluctant to inaugurate during the War any fresh arrangements for the treatment of these diseases, this hesitation has already been overcome in some cases. The shortage of medical staff and the pressure on the accommodation at most hospitals at the present time have presented obstacles in many instances, but the former difficulty has been met to some extent by the Army Council arranging that certain officers of the R. A. M. C., who are specially skilled in the treatment of venereal diseases, should devote part of their time to the work of the clinics provided at general hospitals for the treatment of these diseases.

2. Schemes for the diagnosis and treatment of these diseases have now been submitted to the Local Government Board by 86 out of the 145 councils which are charged with the execution of the regulations. The total population of the areas of these councils is about 23,500,000. Forty-five schemes, serving a population of over 16,000,000, have been approved and the work has already started at 30 hospitals. It is estimated that the facilities provided at these hospitals will serve a population of at least 12,000,000.

3. A comprehensive scheme for London and the home counties embracing 22 of the hospitals in London was inaugurated on the 1st January last. These hospitals serve a very wide area.

4. The arrangements at the hospitals in London include, in addition to the provision of out-patient and in-patient treatment, the following facilities:—

(i) Arrangements whereby any medical practitioner, practising in the areas of the ten councils included in the scheme, can obtain a scientific report on any pathological material submitted from a patient suspected to be suffering from venereal disease.

(ii) The supply, free of cost, of salvarsan substitutes which are approved by the Local Government Board for the treatment of syphilis, to medical practitioners who are qualified to administer these drugs.

(iii) The provision at the hospitals, free of charge, of facilities for the instruction of medical practitioners and students in the modern methods of diagnosis and treatment.

(iv) The provision of facilities for competent medical practitioners to act as clinical assistants at the clinics held at the hospitals for the treatment of these diseases.

5. A scheme of diagnosis and treatment for the whole of the counties of Durham and Northumberland is already in partial operation. The whole of the pathological work for this large area will be performed at the Durham University College of Medicine, and treatment centres for venereal diseases have been

opened at the Royal Victoria Infirmary, Newcastle-on-Tyne, and the Sunderland Royal Infirmary. Clinics are held at the former institution on each weekday, and at the latter on two days in each week. Treatment will shortly be commenced also at the Durham County Hospital and the Darlington Hospital, and negotiations are in progress for the establishment of further treatment centres at Gateshead, Hartlepool and South Shields.

6. The scheme of the Portsmouth Town Council came into operation on the 20th February last and the necessary facilities for pathological diagnosis and for treatment are provided at the Royal Portsmouth, Portsea and Gosport Hospital. Clinics are held on three days in each week, and the area conveniently served by this institution includes, in addition to the county borough of Portsmouth, parts of the counties of Hampshire and West Sussex, and the Isle of Wight.

7. The Leicester Royal Infirmary, which serves the county of Leicestershire and the county borough of Leicester, started operations on the 2nd instant. Clinics are held on two days in each week, and the necessary laboratory facilities for practitioners practising in the county and county borough are also provided at the hospital.

8. It is anticipated that treatment centres will be opened on the 1st April at the Norfolk and Norwich Hospital, and the Hereford General Hospital. In each case special clinics will be held on two days in each week.

9. Arrangements are far advanced for the commencement of work in other areas.

A summary of the principal points in the scheme worked out by the medical officer of health at Portsmouth is:—

(1) Treatment of venereal disease will be carried out at the Royal Hospital under the direction of a specially trained medical officer. He will, at the commencement, attend at the clinic for three days a week; should this prove insufficient, more extended attendance will be arranged. Different times will be arranged for male and female patients, and there will be provided two beds for each sex. The treatment provided will be free to every person who applies, without distinction. The medical officer and staff will be appointed by the Royal Hospital Committee of Management, and the appointments will be subject to the approval of the Local Government Board, who will periodically inspect the work carried on.

(2) Laboratory facilities in connection with the treatment and prevention of venereal disease will be provided at the Royal Hospital by the Committee of Management. These will be available for the medical officer in charge of the treatment centre, poor law medical officers, medical officers of other institutions, and medical practitioners generally.

(3) Salvarsan, or its approved substitutes, will be issued to medical practitioners free of charge by the medical officer of the treatment centre and by the medical officer of Health.

(4) Apparatus for collecting material for examination from suspected patients will be obtainable by medical practitioners on application either to the medical officer of health at the town hall, or to the medical officer in charge of the treatment centre, at the Royal Hospital.

(5) A committee shall be formed, including representatives of various public bodies and voluntary agencies, for the purpose of advising the council in regard to general measures which may be adopted for disseminating information as to the scheme and generally to advance measures taken in the borough for the control of venereal disease.

The Council of the County of London will enter into agreements with twenty-two hospitals for the following:—

(a) Enabling any medical practitioner practising in the county to obtain, at the cost of the council, a scientific report on any material which such practitioner may submit from a patient suspected to be suffering from venereal disease for the purpose of establishing the diagnosis of venereal disease.

(b) The treatment at and in the hospitals of any person of either sex suffering from venereal disease.

(c) The supply, free of cost, to medical practitioners practising in the country, of salvarsan or its substitutes for the treatment and prevention of the spread of venereal disease. A list will be supplied to the hospital of all practitioners in the county who satisfy the conditions specified in the Local Government Board's circular of 29th August, 1916.

The governing body of each hospital concerned shall make arrangements for:—

(a) The appointment of a committee of the hospital staff (1) to draft a scheme for carrying out the special work at the hospital relating to the diagnosis and treatment of venereal diseases, and (2) to organize and superintend the arrangements within the hospital when such scheme has been approved by the council and the local government board.

(b) The appointment of a competent staff, under the supervision of the head of the hospital department concerned, for the purpose mentioned in the foregoing paragraph (a).

(c) The provision of beds for the treatment of patients.

(d) The treatment of out-patients at evening sessions and at other suitable times.

(e) The supply, free of cost, to approved medical practitioners, practising in the county, of salvarsan or its substitutes.

(f) The supply, upon application, to medical practitioners practising in the county, of apparatus for taking samples of blood, etc., and the supply of the necessary reports to such practitioners.

(g) The examination of specimens sent by medical practitioners practising in the county.

(h) The supply of the council each quarter of statistical information as to work done by the hospitals.

(i) The provision, free of charge, of facilities for instruction of medical practitioners and students.

(j) The provision of facilities for competent medical practitioners to act as clinical assistants at rates of remuneration approved by the committee of managers of the hospital.

(k) The employment of some women doctors in clinics for women.

(l) The provision and issue of printed instructions for the guidance of (1) patients, and (2) general practitioners in connection with the taking of samples of blood, etc.

(m) Enabling the council's medical officer of health or his representative, to visit the hospital at any time for the purpose of conferring with the staff carrying out the scheme and of periodically examining records.

(n) Referring patients, if they are willing, to their own doctors for continued treatment, and if the patients have no doctors, advising them to obtain the services of doctors, if they are willing and in a position to do so.

The Local Government Board for Scotland and Ireland have issued similar regulations to the British Local Government Board and in a circular issued March 30, 1917, to the local authorities announcing that "schemes for the diagnosis, treatment and prevention of venereal diseases are in preparation and some are actually providing treatment at present, the Board deem it advisable to authorize, as they hereby do, all local authorities within the meaning of the Public Health (Scotland) Act, 1897, to purchase and distribute any drug, medicine, or medicinal preparation specially designed for the treatment of venereal diseases."

The regulation under which the purchase and distribution are warranted reads:—

The Local Government Board may during the continuance of the war, authorize any local authority or person to purchase and distribute any drug, medicine or medicinal preparation specially designed for the treatment of venereal diseases, and a local authority or person so authorized, and any person obtaining a supply of any such drug, medicine, or preparation from or through them or him, shall not be liable to any action or proceedings in respect of the importation, purchase, sale, distribution, or use thereof on the ground that any patent or other similar rights are infringed thereby.

The Reporting of Venereal Disease in England. Dr. Arthur Newsholme, health officer of the British Local Government Board, in his annual report for 1915-16, comments upon the recommendation of the Royal Commission that the reporting of venereal diseases be not made compulsory, and says that even if such notification should eventually be required it ought not to be enforced until adequate facilities have been provided for the gratuitous treatment of all persons suffering from venereal diseases; and further, that treatment by unqualified persons

must be prohibited so that cases of venereal disease will come under the care of competent physicians in their early stages. Under such conditions Dr. Newsholme thinks that patients will generally seek proper treatment either through public facilities or by their own physicians, and that it may be questioned whether notification would be necessary.

Venereal Disease in the Italian Army. The *Medicina Contemporanea* of Lisbon, February 25, 1917, gives a summary of what has been accomplished in the active Italian army in prophylaxis of venereal diseases. Drastic measures are taken to prevent clandestine prostitution. Women, even married women, are forced to submit to medical inspection when the concordant testimony of infected soldiers points to them as the source of their contamination. These women recognized as sources of venereal infection are isolated in special services and are kept there until cured. In the course of two recent months, 277 women were thus arrested and 232 were found liable to transmit infection. The military authorities have ample power to expel from the war zone every vagabond prostitute. The brothels are inspected four times a week, once by an army medical officer. These brothels are installed close to the firing line, there being, for example, three at Cervignano, two at Palmanova and two at Caporetto. The houses are well installed and abundantly supplied with "preventives" and calomel salve. The women are not allowed to admit any men but soldiers. The establishment of these brothels caused considerable protest, as it was argued that the regions having been deserted by the populace, there is no occasion for the wearied soldiers to break their enforced continence.

In regard to prophylaxis, very strict measures are enforced; the men are given frequent "sanitary inspections," and men going out and returning from a furlough are examined with special care. Talks, lectures, lantern slides, moving pictures and other means are used to impress on the men the advantages of continence, the dangers of visiting such women, and the consequences of venereal diseases from the point of view of the individual, of the family and of society at large, grave if untreated, but generally benign if treated from the start by a physician. The use of the preventive disinfection stations is also explained. These cabinets for disinfection post coitum are installed in the different camps in charge of a military orderly under the direction of a physician.

The results demonstrate the efficacy of the measures that have been

taken and promise still more success when the projected organization is complete. In the course of November and December, 1915, the number of cases of venereal disease recorded was 5,422 and 5,409. In the month of April, 1916, the number was only 3,224.

Professor Stanziale of the chair of syphilography at the University of Naples has been delivering addresses on the "Profilassi celtica" in war time at Rome, Naples and elsewhere. He extolled the measures that have been enforced in the war zone by the military authorities, but emphasized the necessity for supplementing them with coördinated measures throughout the rest of the country where soldiers on leave or passing through are free from all restraints. He urged that the whole question of venereal prophylaxis should be placed in the hands of a central administrative body with full powers to act, entrusting it with the responsibility of warding off venereal diseases, and of combating in particular clandestine prostitution which now escapes all restraining measures according to the present laws. He advocated the organization of special dispensaries with laboratory equipment for medical inspection of suspects. He emphasized the increasing prevalence of extrasexual contagion, especially of syphilis, wherever there is crowding in home or at work, above all in factories where the mutual use of tools, dishes, etc., throws wide the portals to infection. Urgent measures are needed as the men of the troops come and go and industrial crowding becomes more acute. He remarked in conclusion that the war has awakened the public conscience and the state to many salutary reforms, the benefit from which will long outlast the war, and the social problems are not the least to be considered.—*The Journal of the American Medical Association*.

The Prevention of Venereal Diseases in the French Army. Reports affirm that a considerable increase in venereal diseases has been observed among the civil population, and still more among the soldiers. There can be no doubt that an increase in clandestine prostitution is the principal cause of this state of affairs; but it is also certain that this epidemic has been propagated among the classes which one would have expected to remain unaffected; and that many married women, including the wives of men at the front, have been infected and will ultimately contribute to the spread of the disease. On account of the gravity of this venereal peril, the undersecretary of state for the medical service of the army has reinforced the prophylactic measures, particularly by creating special organizations for the diagnosis and treatment of these diseases. These organizations are divided into (1)

urology, (2) dermatology and syphilology centers. To these centers are to be sent as early as possible not only all patients with characteristic chancres, but also those presenting the slightest suspicious erosion or ulceration. It is expressly forbidden to keep under observation at the regimental hospital a man presenting a suspicious ulceration in order to clear up a doubtful diagnosis. There is one venereologic center for each region, composed of a hospital service, a consultation service, a dental service and a laboratory. This intensive treatment by salvarsan and mercury is necessitated by the urgency of returning valid men to the army as soon as possible. Orders have been issued that periodic lectures on venereal diseases shall be given in all depots and in the medical formations of the army, and that pamphlets on this subject written in a clear and concise style shall be distributed in order to propagate correct ideas on prophylaxis. Further, the military surgeons are called on to lend the utmost support and collaboration to the civil authorities to insure the best possible conditions for the functioning of the venereal service for civilians of both sexes. Daily consultations will be given, the hours of which will vary from day to day, thus making them accessible to all classes of patients. On the other hand, the *Ligue française*, being of the opinion that the present means of fighting the extension of venereal diseases are inefficacious, has proposed that these diseases be assimilated to other contagious diseases by the adoption of quarantine. Infected women would then remain isolated in special hospitals until cured.

The German Campaign Against Venereal Diseases. The Prussian medical commission has formulated the following rules of governing the campaign against venereal diseases: (1) General rules for combating venereal disease: (a) improving the economic status of the population so as to make early marriage possible, and to guard the female population against delinquency; improving housing conditions and instituting official supervision of homes; (b) instituting instruction on sexual life and especially on the dangers of extramarital sexual relationship and of sexual diseases; (c) improving the physical and moral status of youth by means of gymnastics, play and sport; (d) instituting a campaign against the misuse of alcohol; (e) improving the diagnosis and treatment and preventing the spread of venereal diseases; (f) improving the means and methods for treating venereal diseases, erecting dispensaries in which such diseases can be treated, with the assurance of absolute secrecy as to the identity of the individual and treating all severe cases in an institution; (g) proper instruction by the

physician as to the dangers of venereal diseases, their method of spread and especially the precautions which must be taken by one who is under treatment; (h) reducing the price of the newer specific drugs, and (i) campaign against quackery. (2) An amendment of Paragraph 180 of the imperial crime punishment regulations is urged. (3) Supervision of prostitution, the burden of which shall hereafter fall on the medical man and not on the police. (4) Enforcement of the law of October 28, 1905, and the ministerial edict of December 11, 1907. (5) Keeping the prostitutes off the streets and out of public places, and segregating them for moral as well as police reasons.—*Journal of the American Medical Association*.

Social Hygiene in New South Wales. Three or four years ago the Royal Commission declared that out of every 100 young men in Australia under twenty-five years of age, 80 were suffering from gonorrhea. The publication, a little later, of the report on venereal diseases by a select committee appointed by the Legislative Council of New South Wales to investigate the subject, and an additional report of a committee appointed by the Commonwealth authorities, aroused the general public to the fact that some instruction in sex hygiene was essential to the welfare of the community.

Especially active in promoting this work, have been the various women's organizations. A year ago the Women's Progressive Association urged the appointment of police women, the establishment of an industrial farm for women off the streets, the raising of the age of consent to twenty-one years, and some system of instruction in sex hygiene. The Feminist Club has had the teaching of sex hygiene on its program for some time, and last year arranged for a series of lectures on the evolution of sex. The Parents and Citizens' Association also has taken up the matter of sex education and has appointed a committee to consider ways and means of carrying out the proposals made at their last conference.

An Association for Public Health and Morals was formed by delegates from the various women's organizations of Sydney at a conference held in June, and an Interstate Conference has been planned by the Educational Association at which the question of sex hygiene and education will be considered and the proceedings printed for public information. With so many forces at work, it will not be long before the young people of Australia are more carefully protected from venereal and allied diseases.—*The Sunday Times*, Sidney, Australia.

SOCIAL HYGIENE AND THE WAR

WILLIAM F. SNOW, M.D.

General Secretary, The American Social Hygiene Association; Secretary, General Medical Board, Council of National Defense

War was declared April 5, 1917, and immediately the nation had a condition and not a theory to face.

The President from time to time in the weeks which followed voiced the growing conviction of the people "that in a democracy the duty to serve and the privilege to serve fall upon all alike." In his registration day address he said:—

There is something very fine, my fellow citizens, in the spirit of the volunteer, but deeper than the volunteer spirit is the spirit of obligation. There is not a man of us who must not hold himself ready to be summoned to the duty of supporting the great government under which we live. No really thoughtful and patriotic man is jealous of that obligation. No man who really understands the privilege and the dignity of being an American citizen quarrels for a moment with the idea that the Congress of the United States has the right to call upon whom it will to serve the Nation. These solemn lines of young men going today all over the Union to the places of registration ought to be a signal to the world, to those who dare to flout the dignity and honor and rights of the United States, that all her manhood will flock to that standard under which we all delight to serve, and that he who challenges the rights and principles of the United States challenges the united strength and devotion of a Nation.

Again, in his flag day address:

We meet to celebrate Flag Day because this flag which we honor and under which we serve is the emblem of our unity, our power, our thought and purpose as a Nation. It has no other character than that which we give it from generation to generation. The choices are ours. It floats in majestic silence above the hosts that execute those choices, whether in peace or in war. And yet, though silent, it

speaks to us—speaks to us of the past, of the men and women who went before us and of the records they wrote upon it. We celebrate the day of its birth; and from its birth until now it has witnessed a great history, has floated on high the symbol of great events, of a great plan of life worked out by a great people. We are about to carry it into battle, to lift it where it will draw the fire of our enemies. We are about to bid thousands, hundreds of thousands, it may be millions, of our men, the young, the strong, the capable men of the Nation, to go forth and die beneath it on fields of blood far away—for what? For some unaccustomed thing? For something for which it has never sought the fire before? American armies were never before sent across the seas. Why are they sent now? For some new purpose, for which this great flag has never been carried before, or for some old, familiar, heroic purpose for which it has seen men, its own men, die on every battle field upon which Americans have borne arms since the Revolution? These are questions which must be answered. We are Americans. We in our turn serve America, and can serve her with no private purpose. We must use her flag as she has always used it. We are accountable at the bar of history and must plead in utter frankness what purpose it is we seek to serve.

From the beginning of preparation for this war medical preparedness and conservation of moral standards of both military and civil population have been under consideration. A new attitude toward vice and venereal diseases has been evident.

It was generally recognized by those interested in social hygiene that the government must declare a definite policy and provide for carrying it into effect if a million men or more were to be called to the colors without having their efficiency seriously impaired by vice and venereal disease. It was also recognized that war conditions would accentuate the need for adequate civil control of prostitution, alcohol, and exposure to syphilis and gonococcus infection. Accordingly, conferences were arranged with officers of the government upon ways in which state and local resources could be made to supplement the federal resources for combating these evils.

Without attempting even to summarize all the agencies which have participated in bringing about the actions taken since the



Woodrow Wilson, President of the United States, authorized by Act of Congress to protect the military forces of the United States from the evils resulting from the use of alcohol.

beginning of the war, a few outstanding facts may be cited as indicative of the great progress of the social hygiene movement which may be expected as one of the results of America's entrance into the conflict.

1. The President of the United States, by direct authorization of Congress, will endeavor to protect the military forces from the evils resulting from the use of alcohol.

2. Congress has empowered and directed the Secretary of War to establish and regulate such zones about military places as may be necessary to protect soldiers from prostitution.

3. The Secretary of War has created a Commission on Training Camp Activities for the purpose of suppressing vice in military camps and surrounding zones and of counteracting harmful influences by a constructive program of entertainment, education, recreation, physical contests, and social activities participated in by both military and civil populations under auspices approved by the Commission.

4. The Secretary of the Navy has taken steps to safeguard the officers and men of the naval establishment by a similar commission. This work is closely correlated with that for the War Department through having one chairman for both Commissions.

5. The Council of National Defense has considered social hygiene questions to be of first rank among the problems of nation-wide preparedness for this war, and has adopted resolutions which clearly define its policy to be favorable to the carrying out of a comprehensive social hygiene program.

6. The Surgeons General of the Army, Navy, and Public Health Service have endorsed the program outlined and have planned administrative measures in accordance with it.

7. The General Medical Board of the Council is devoting every effort to the study and solution of unsettled questions bearing on the details of this program.

8. The American Red Cross through its Director General of Military Relief and the personnel of its hospital units is planning coöperation particularly in the foreign field.

9. The War Work Council of the Young Men's Christian Association, through its activities including sex education and its leadership of other correlated national agencies working

under the supervision of the Commission on Training Camp Activities inside the camps and designated zones, is exerting a powerful influence in maintaining the moral tone of camp life and standards of conduct of the individual soldiers.

10. The American Social Hygiene Association, through its coöperation with the departments of government on the one hand and the civil authorities on the other, is serving as a clearing house for social hygiene societies and allied agencies particularly in the medical and hygienic phases of the work and in organizing public opinion in support of the measures adopted.

11. The American Playground Association has raised a special fund and has begun vitally important work in improving the environmental conditions about the camps and cantonments.

12. Other national and local volunteer agencies are at work in various practical ways of value in the complete program.

This program in topical form may be stated as follows as it relates to the venereal diseases:—

I. Measures under Military Auspices

1. Printed and personal advice to every man applying or drafted for enlistment to include information upon the venereal diseases.

2. Protection so far as possible of all accepted applicants from time of acceptance to arrival at the concentration camp, and during furloughs to destinations outside the military zones.

3. Medical examination of all recruits to include—

(a) Preliminary inspection for syphilis or gonorrhea on enlistment; (b) final examination including the Wassermann reaction at the cantonment.

4. Exclusion of prostitution and alcohol from all camps and surrounding zones.

5. Arrangements in camps and military zones for recreation, entertainment, social activities, and education.

6. Instruction of officers and men in the epidemiology of syphilis and gonorrhea.

7. Requirement of early prophylactic treatment for all officers and men exposed to infection.

8. Follow-up treatment of all infected cases, including transfer to isolation camps or base hospitals when necessary, and appointment of genito-urinary and other specialists to special services in treatment and supervision of cases.

9. The detail of medical officers for carrying out the measures adopted, as a part of the program for control of infectious diseases.

10. Issuance of such printed matter, regulations, and authorizations as may be necessary to give effect to the measures adopted, and to give assurance of close coöperation between the military and civil authorities in all measures affecting the dissemination of the venereal diseases.

II. Measures under Civil Auspices

1. Education of public opinion in support of the necessary measures.

2. Enactment and enforcement of civil measures equivalent to those adopted by military authorities.

3. Institution of special temporary measures to aid in the protection of enlisted men passing through towns and cities en route to mobilization camps.

4. Establishment of advisory and dispensary facilities under such auspices as will most effectively provide for the venereal diseases among civilians.

5. Correlation of all activities indirectly of importance in combating the venereal diseases.

III. Problems under Special Consideration

1. The protection and control of girls and women among the civil population within military zones and accessible to military and naval establishments.

2. The securing of an adequate supply of salvarsan for military and civil needs.

3. The determination of public health and other civil administrative policies bearing upon the eradication of these diseases

among groups not directly related to the military forces but of importance to national efficiency at this time.

4. The promotion of a practical program of sex education for the civil population.

5. The examination of men for discharge from the government service, and transfer to civil supervision of those discharged with syphilis or gonorrhea in a communicable stage.

The first of the measures under military auspices was originally begun by recruiting officers coöperating with the American Social Hygiene Association by direction of the Secretaries of War and the Navy during mobilization along the Mexican border. A further development of this coöperation is planned by the War Department in an effort to begin the protection of the recruit before he leaves home. The second measure is likewise one in which the military authorities must depend largely upon civilian coöperation, and plans have been made for the correlation of unobtrusive activities of many agencies. The remaining measures under military auspices are under the immediate direction of the Surgeons-General except four and five which deal with prostitution, alcohol, and recreation; and for which the training camp commissions are primarily responsible.

The measures under civil auspices are not essentially different from those adopted by the Army and Navy, but the large number of local authorities to be consulted complicates the situation. The American Social Hygiene Association and the state and municipal societies are redoubling their efforts to create public opinion in support of the program. The participation of many organizations of nation-wide influence may be depended on to secure action in matters of law enforcement, protection of girls, entertainment, and recreation. The Young Women's Christian Association, the Traveler's Aid Society, the General Federation of Women's Clubs, the Intercollegiate Alumnae, the Woman's Christian Temperance Union are types of organizations which are quietly and effectively organizing civilian resources for the entertainment and protection of enlisted men passing through towns and cities en route to military camps and cantonments. The medical profession and hos-

pital and public health authorities are also showing a keen interest in providing adequate advisory and treatment facilities for civilians.

The Council's Committee on Venereal Diseases has under consideration many important suggestions upon special problems and details of the program outlined. The five of these specified are indicative of their variety and scope. Some of them seem well-nigh hopeless, but by way of encouragement it should be constantly borne in mind that the social hygiene movement is the outgrowth of many converging efforts of societies, alliances, and organizations that have struggled during the past quarter of a century for public recognition of the untold misery, sickness, inefficiency, and economic waste which result from the commercialization of prostitution and the unchecked ravages of venereal diseases. Had it not been for the patient endeavor of a few hundreds of these far-seeing pioneers, among whom stand out only a dozen or more whose names have received national recognition in this connection, there could be no concerted plan such as the Army, Navy, and civil authorities are now about to put to the test.

The challenge is squarely before the American people today. As indicated above, the President of the United States, the Congress, the secretaries of War and Navy, the other cabinet members of the Council of National Defense, the Secretary of the Treasury, the members of the Advisory Commission, the chief medical and line officers of the military and naval establishments, the General Medical Board of the Council, and its Committee on Hygiene and Sanitation including the sub-committees on venereal diseases and alcohol, the Commission on Training Camp Activities have all placed themselves on record as favoring an effective campaign to protect the American troops from vice and disease. As evidence of serious purpose and good faith, each of these governmental agencies, immediately after the declaration of war, took such action and has devoted such study as has been required in developing the program which it is proposed shall be followed.

How successful the United States may be in dealing with this

problem of preventive medicine and conservation of moral standards now depends largely upon the degree of administrative efficiency attained. The Army and Navy have declared their intention to do their part; the civil population must be roused to do its part. The social hygiene societies particularly have a great opportunity and a great responsibility. All the results of pioneer work in this field for the past twenty-five years—in one sense of all the centuries in which society has been building up its moral standards for the safeguarding of the race and equipping itself with scientific knowledge of the venereal diseases—are in their hands for application. If these are wisely applied during the war, the American nation will demonstrate a victory over disease and moral disaster which will rival its epoch-making record in mastering yellow fever during the war with Spain. As in that problem of preventive medicine, so in this, the civilian forces have a part to play, but in the prevention of venereal diseases the Army and Navy have far more need for and the civilian population as a whole has far more to gain by intelligent and adequate coöperation than in the combating of yellow fever and malaria.

The government is about to call to the colors at least five hundred thousand young men in the prime of life. These men are the trustees of five hundred thousand combinations of character units which future generations should receive and mould for the nation's further progress. Some of these heredities must of necessity be cut off in the stress and strain of battle, but no man, woman, or child should be permitted to be crippled mentally, morally, or physically through society's failure to apply the safeguards now recognized in the prevention of syphilis and gonococcus infections, and in the no less damaging undermining of character which accompanies sexual license.

The Army and Navy have studied and experimented and appealed to the civil authorities for years. Similar studies, experiments, and appeals have been made by civilian groups. The present program is the outgrowth of past experience plus the better understanding which has come from the demonstration of ways and means afforded by the mobilization of troops on the Mexican

border in the summer of 1916. Clearly, if the American people intend to stand behind the administration in the effort to maintain the nation's efficiency during this war, the leaders among the men and women of every town and village in the United States must include social hygiene in their plans for preparedness.

The following letters and resolutions selected as types from many are full of encouragement for the social hygiene worker. Some of them, such as Secretary Baker's letter, are destined to become historically important not only in the annals of this campaign against the last of the great uncontrolled groups of communicable diseases afflicting mankind, but in the annals as well of advances in safeguarding the moral standards of the nation and educating the people to an understanding of the meaning of rational sex life.

The Committee on Hygiene and Sanitation of the General Medical Board Recognizes the Importance of Prompt Action

The venereal diseases. Among the communicable diseases disseminated through human contacts, syphilis and gonorrhea are preëminently of first importance in their bearing upon military efficiency. Under present conditions it is vitally essential that a practical program for the control of these diseases be adopted and immediately placed in operation. This program will include at least three lines of effort.

1. Discovery, treatment, and supervision of individuals infected.
2. Instruction and protection of individuals not infected.
3. Investigation, demonstration, and public education directed toward the development of more effective measures than are at present applicable.

The epidemiology of the venereal diseases is such that military and civil requirements for their control are interdependent, and are closely related to the problems of control of prostitution and alcohol.

Following the experience of the English government in appointing the Royal Commission on Venereal Diseases for the purpose of studying this question and creating an informed public opinion through the hearings and sittings of the Commission, it would seem advisable that the Committee on Hygiene and Sanitation should hold at an early date a hearing on this subject inviting for the purpose prominent sanitarians, urologists, dermatologists, syphilologists, genito-urinary specialists, and representatives of social hygiene and welfare agencies.

The above paragraphs were incorporated in an outline of the committee's plan of activities adopted April 12, one week after war was declared. The committee's report was adopted by the



Newton D. Baker, Secretary of War, empowered and directed by an Act of Congress "to do everything by him deemed necessary" to protect men in military training from prostitution.

General Medical Board and the first hearing arranged for April 15, 1917. Resolutions, unanimously endorsed at the hearing, were presented to the executive committee of the General Medical Board, amended, adopted, and formally brought before the Advisory Commission and the Council for approval, final favorable action being taken April 21, 1917.

May 7, 1917.

Resolutions of the Committee on Hygiene and Sanitation, as Amended and Adopted.

WHEREAS, venereal infections are among the most serious and disabling diseases to which the soldier and sailor are liable;

WHEREAS, they constitute a grave menace to the civil population;

Therefore, the Committee on Hygiene and Sanitation of the General Medical Board of the Council of National Defense, recommends that the General Medical Board transmit to the Council of National Defense for the guidance of the War and Navy Departments the following recommendations:—

1. That the Departments of War and Navy officially recognize that sexual continence is compatible with health and that it is the best prevention of venereal infections.

2. That the Departments of War and Navy take steps toward the prevention of venereal infections through the exclusion of prostitutes within an effective zone surrounding all places under their control, and by the provision of suitable recreational facilities, the control of the use of alcoholic drinks, and other effective measures.

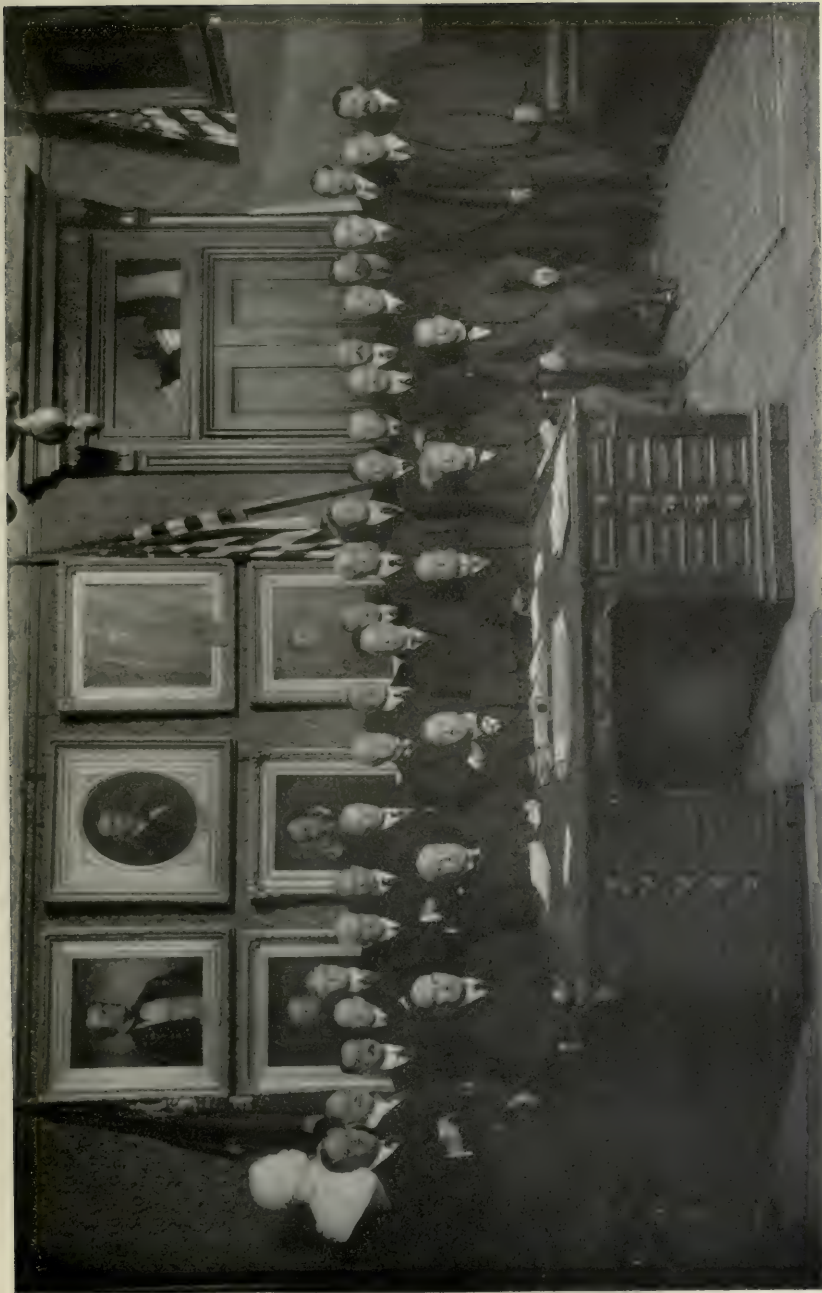
3. That the said Departments adopt a plan for centralized control of venereal infections through special divisions of their medical services.

4. That the said Departments consider the plan of organization herewith attached.

WHEREAS, the use of alcoholic beverages is generally recognized as an important factor in the spread of venereal disease in the Army and Navy; and

WHEREAS, these diseases are among the most serious and disabling ones to which soldiers and sailors are liable;

Therefore, be it resolved that we endorse the action of the Army and Navy in prohibiting alcoholic beverages within military places in their control and we further recommend that the sale or use of alcoholic beverages be prohibited to soldiers and sailors within an effective zone about such places.



Hearing on the Control of Venereal Disease and the Regulation of Alcohol for the protection of the Army and Navy before the Council of National Defense and the Advisory Commission, Washington, D. C., April 17, 1917

Left to right, standing: Dr. Hollis Godfrey*; Dr. Irving Fisher; Dr. Milton J. Rosenau; Mr. Howard E. Coffin*; Mr. Bernard Baruch*; Dr. Franklin Martin*; Dr. William A. Evans; Mr. Daniel Willard*; Dr. William H. Walsh; Mr. Julius Rosenwald*; Mr. Samuel Gompers*; Surgeon-General William C. Braisted, U. S. N.; Surgeon-General William C. Gorgas, U. S. A.; Surgeon-General Rupert Blue, U. S. P. H. S.; Dr. Victor C. Vaughan; Dr. F. F. Simpson; Mr. Abraham Flexner; Colonel Jefferson R. Kean; Dr. Frederic A. Besley; Dr. Alonzo E. Taylor; Mr. Raymond B. Foeltick; Dr. Haven Emerson; Dr. William F. Snow; Dr. Theodore Jaueway.

Left to right, sitting: Secretary of Agriculture David F. Houston; Secretary of the Interior Franklin K. Lane; Secretary of the Navy Josephus Daniels; Secretary of Commerce William C. Redfield; Secretary of Labor William B. Wilson; Mr. W. S. Gifford, Director of the Council of National Defense. Secretary Daniels was the presiding officer in the absence of Secretary of War Baker. Asterisks indicate members of the Advisory Commission. Others present were the Executive Committee of the General Medical Board and persons invited to give testimony.

A News Item Sent to the Press of the United States by the Council of National Defense

THE CONTROL OF VENEREAL DISEASES AND THE REGULATION OF THE USE OF ALCOHOL IN THE ARMY AND NAVY

ACTION BY THE COUNCIL OF NATIONAL DEFENSE UPON RECOMMENDATION OF THE GENERAL MEDICAL BOARD

As a strict war measure, the Council of National Defense has taken decisive steps for the hygienic and mental welfare of the soldiers and sailors of the nation. It has struck at the presence of venereal diseases and at alcoholism in all military commands.

Guided by the General Medical Board, which is constantly studying medical problems in connection with the Army and Navy mobilization, the decisions of the Council are these: First, that under military control an effective zone shall be created about all military commands as the most practicable and effective measure to prevent venereal diseases. Second, that these military zones shall serve also as a means of control of alcoholic beverages to the troops. These decisions are reached by the Council after exhaustive study of conditions today among great European armies.

Zones about the military commands will, therefore, be created and conditions in these zones will be guarded by military measures so as to prevent the spread of venereal diseases. The two military arms of the government officially recognize that continence is compatible with health.

The Council also recommends, as a further solution of the problem, that all military commands be provided with good facilities for the recreation of the troops. It urges that all suitable athletics be encouraged.

The use of alcoholic beverages on the part of soldiers and sailors in military commands has long been under military control. But the creation now of these military zones will in effect extend such control over the troops when they are off duty out of the commands.

"To face these ugly facts in an unflinching and no half-hearted fashion," said Dr. Franklin H. Martin, member of the Advisory Commission of the Council of National Defense, "makes for the fighting power of the nation. But our troops are inseparably a part of our civil life, and a clean, wholesome, temperate life among these troops will in the end make for our civil advancement, compared to which the cost of the war is nothing. The whole nation is indebted to the General Medical Board for its thorough-going research, and for its definite recommendations in the matter of real protection to our boys."

The recommendations were unanimously approved by the members of the General Medical Board, and by other men of National prominence who attended the first hearing on these important problems, as follows:

Surgeon General William C. Gorgas, U.S.A., Surgeon General William C. Braisted, U.S.N., Surgeon General Rupert Blue, U.S.P.H.S., Colonel Jefferson R. Kean, American Red Cross, Rear Admiral Cary Grayson, Dr. H. W. Wiley, Dr. William C. Woodward, Dr. William C. Rucker, Prof. Earl Phelps, Dr. Sterling Ruffin, Dr. William A. White, Dr. George M. Kober, Washington; Dr. Charles H. Peck, Dr. George E. Brewer, Dr. Simon Flexner, Dr. Hermann M. Biggs, Arthur Hunter, Prof. Charles B. Davenport, Prof. Marsten Bogert, V. Everit Macy, Dr. Haven Emerson, Prof. Edward T. Devine, Dr. Eugene Lyman Fisk, Homer Folks, Dr. John A. Fordyce, Dr. Edward L. Keyes, Jr., Dr. Victor C. Pederson, Raymond B. Fosdick, Abraham Flexner, Dr. J. Bently Squier, Dr. William F. Snow, New York City; Dr. William H. Welch, Dr. Winford Smith, Dr. John M. T. Finney, Dr. Theodore Janeway, Dr. George Walker, Dr. W. H. Howell, Dr. Donald R. Hooker, Baltimore; Dr. Edward Martin, Dr. Edward P. Davis, Dr. Edward C. Kirk, Dr. Alonzo Taylor, Philadelphia; Dr. Franklin Martin, Dr. Frederic A. Besley, Dr. George H. Simmons, Dr. Ludwig Hecktoen, Dr. W. A. Evans, Dr. William A. Pusey, Chicago; Dr. William J. Mayo, Dr. Charles H. Mayo, Rochester, Minn.; Dr. Victor C. Vaughan, Prof. Warren P. Lombard, Ann Arbor; Dr. George W. Crile, Dr. William E. Lower, Cleveland; Dr. Richard P. Strong, Dr. Walter B. Cannon, Dr. Richard C. Cabot, Dr. R. F. O'Neill, Dr. Charles J. White, Dr. A. J. McLaughlin, Boston; Prof. Thomas N. Carver, Dr. M. J. Rosenau, Cambridge; Dr. Frank F. Simpson, Pittsburgh; Dr. Joseph M. Flint, Prof. Irving Fisher, New Haven; Dr. Stuart McGuire, Richmond; Dr. John Young Brown, St. Louis; Dr. Thomas W. Huntington, San Francisco; Dr. Hubert A. Royster, Raleigh; Frank A. Fetter, Princeton; S. S. Kresge, Detroit; Dr. Alec N. Thomson, Brooklyn; Dr. Charles F. Stokes, Warwick.

Congress Specifically Empowers the President and Secretary of War to Deal with the Social Hygiene Problem

In order to make certain that the military authorities of the United States should have ample authority to safeguard their troops, Congress added the following sections to the "Act to Authorize the President to Increase Temporarily the Military Establishment of the United States:"¹

SELECTIVE CONSCRIPTION LAW, SECTIONS 12, 13 AND 14

SEC. 12. That the President of the United States, as commander in chief of the Army, is authorized to make such regulations governing the prohibition of alcoholic liquors in or near military camps and to the officers and enlisted men of the Army as he may from time to time deem necessary or advisable; Provided, That no person, corporation, partnership, or association shall sell, supply, or have in his or its possession any intoxicating or spiritous liquors at any military

¹ H. R. 3545, approved May 18, 1917.

station, cantonment, camp, fort, post, officers' or enlisted men's club, which is being used at the time for military purposes under this act, but the Secretary of War may make regulations permitting the sale and use of intoxicating liquors for medicinal purposes. It shall be unlawful to sell any intoxicating liquor, including beer, ale, or wine, to any officer or member of the military forces while in uniform, except as herein provided. Any person, corporation, partnership, or association violating the provisions of this section or the regulations made thereunder shall, unless otherwise punishable under the Articles of War, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1000 or imprisonment for not more than 12 months, or both.

SEC. 13. That the Secretary of War is hereby authorized, empowered, and directed during the present war to do everything by him deemed necessary to suppress and prevent the keeping or setting up of houses of ill fame, brothels, or bawdy houses within such distance as he may deem needful of any military camp, station, fort, post, cantonment, training, or mobilization place, and any person, corporation, partnership, or association receiving or permitting to be received for immoral purposes any person into any place, structure, or building used for the purpose of lewdness, assignation, or prostitution within such distance of said places as may be designated, or shall permit any such person to remain for immoral purposes in any such place, structure, or building as aforesaid, or who shall violate any order, rule or regulation issued to carry out the object and purpose of this section shall, unless otherwise punishable under the Articles of War, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1000 or imprisonment for not more than 12 months, or both.

SEC. 14. That all laws and parts of laws in conflict with the provisions of this act are hereby suspended during the period of this emergency.

The Secretary of War Acts

On May 26th the Secretary of War addressed to the governors of all the states and the chairmen of the state councils of defense the letter previously mentioned which, for its historical interest and importance is reproduced in fac simile.

Letter addressed by Secretary of War Newton D. Baker to the Governors of all the States and the Chairmen of the State Councils of Defense, May 26, 1917.

COUNCIL OF NATIONAL DEFENSE
WASHINGTON

May 26, 1917.

Dear Sir:

I am very anxious to bring to the attention of the State Councils of Defense a matter in which they can be of great service to the War Department. In the training camps already established or soon to be established large bodies of men, selected primarily from the youth of the country, will be gathered together for a period of intensive discipline and training. The greater proportion of this force probably will be made up of young men who have not yet become accustomed to contact with either the saloon or the prostitute, and who will be at that plastic and generous period of life when their service to their country should be surrounded by safeguards against temptations to which they are not accustomed.

Our responsibility in this matter is not open to question. We cannot allow these young men, most of whom will have been drafted to service, to be surrounded by a vicious and demoralizing environment, nor can we leave anything undone which will protect them from unhealthy influences and crude forms of temptation. Not only have we an inescapable responsibility in this matter to the families and communities from which these young men are selected, but, from the standpoint of our duty and our determination to create an efficient army, we are bound, as a military necessity,

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to do everything in our power to promote the health and conserve the vitality of the men in the training camps.

I am determined that our new training camps, as well as the surrounding zones within an effective radius, shall not be places of temptation and peril. The amendments to the Army Bill recently passed, a copy of which I enclose herewith (Sections 12 and 13), give the War Department more authority in this matter than we previously possessed. On the other hand, we are not going to be able to obtain the conditions necessary to the health and vitality of our soldiers, without the full cooperation of the local authorities in the cities and towns near which our camps are located, or through which our soldiers will be passing in transit to other points.

Will you give earnest consideration to this matter in your particular State? I am confident that much can be done to arouse the cities and towns to an appreciation of their responsibility for clean conditions; and I would suggest that, through such channels as may present themselves to you, you impress upon these communities their patriotic opportunity in this matter. I would further suggest that as an integral part of the war machinery your Council make itself responsible for seeing that the laws of your State and of Congress in respect to these matters are strictly enforced. This relates not only to the camps established under Federal authority, both the present officers' training camps and the divisional training camps soon to be opened, but to the more or less temporary mobilization points of the national guard units. It relates, too, as I have indicated, to the large centers through which soldiers will constantly be passing in transit to other points.

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As I say, the War Department intends to do its full part in these matters, but we expect the cooperation and support of the local communities. If the desired end cannot otherwise be achieved, I propose to move the camps from those neighborhoods in which clean conditions cannot be secured.

In this connection let me call your attention to the Commission on Training Camp Activities which I have organized to advise with me on questions relating to the moral hazards in our training centers, as well as to the promotion of rational recreation facilities within and without the camps. The members of this commission are as follows:

Raymond B. Fosdick, Chairman
Lee F. Hanmer
Thomas J. Howells
Joseph Lee
Malcolm L. McBride
John R. Mott
Charles P. Neill
Major Palmer E. Pierce, U.S.A.
Joseph E. Raycroft

It is possible that the chairman of this commission or some of its members will consult with you in regard to the activities which they have in hand. I bespeak for them your utmost support and cooperation.

Very truly yours,



Secretary of War
and
Chairman of the Council of National Defense.

Enclosure

The Secretary of the Navy Makes his Position Clear

In consequence of vicious conditions reported to exist in Newport, R. I., Secretary Daniels issued the following statement, June 20, 1917:—

Having received numerous complaints of immoral conditions at the city of Newport, R. I., from citizens of Newport and from the parents of many of the young men now gathered there in the great Naval Training Station and the encampment of the Naval Reserve, I deemed it proper to call the matter to the attention of the governor of Rhode Island.

In reply the governor returned to this department a report from the mayor of Newport, representing that there was no unusual degree of immorality in that city, denying the truth and justice of the complaints, and generally minimizing the situation. Thereupon this department, through its own agents and with the assistance of the Department of Justice instituted an investigation at first hand. As a result of that investigation, I have just sent to the governor of Rhode Island a list in detail of some of the most notorious houses of prostitution and open gambling houses in Newport, also calling his attention to the extent and methods of illegal sale of liquor to sailors and Naval Reserve recruits, and informing him that the department is ready to furnish him with further specific evidence if the State's own officers do not produce it.

SACRED TRUST FOR GOVERNMENT

At Newport and other places are gathered several thousands of the finest youth of the land who have offered their lives for the service of their country at a time when this sacrifice is no figure of speech. Most of them have come from carefully guarded homes, and their parents have given them to their country in sacred trust that the Government will safeguard them from unnecessary perils.

I am charged with the duty of training these young men for service in the Navy. State and local officers are charged with the duty of seeing that the laws of their States and of the United States are faithfully executed. There lies upon us morally, to a degree far outreaching any technical responsibility, the duty of leaving nothing undone to protect these young men from that contamination of their bodies which will not only impair their military efficiency but blast their lives for the future and return them to their homes a source of danger to their families and to the community at large.

DANGERS MULTIPLIED IN WAR

These dangers are bad enough in ordinary times; in time of war, when great bodies of men are necessarily gathered together away from the restraints of home, and under the stress of emotions whose reactions inevitably tend to dislodge the standards of normal life, they are multiplied manifold, and the harpies of the underworld flock to make profit out of the opportunity. If we fail in vigilance under these conditions the mothers and fathers of these lads and the country generally will rightly hold us responsible.

I feel confident that the governor of Rhode Island and the local officers responsible to him, and the civil authorities at other places where the Navy has gathered large numbers of men enlisted for service, will appreciate the vital importance of this matter and will take such steps as will make unnecessary any further steps by the Government of the United States. I am determined that, so far as this department is concerned, nothing shall be left undone that is possible to discharge the duty of protecting these lads who have been committed to our care.

The Commission on Training Camp Activities and Its Program of Work

Mr. Raymond B. Fosdick, Chairman of the Commission, in discussing the work of the Commission on Training Camp Activities has said:—

June 8, 1917.

Our Commission has two distinct functions: First, we are charged with the responsibility of keeping the Secretary of War informed as to conditions in training camps and the zones surrounding them. Secretary Baker is determined that the training camps shall be as free from vice and drunkenness as it is humanly possible to make them. In the second place, our task is to coördinate the different agencies that are seeking an opportunity for service among the soldiers. We are operating as a clearing house to eliminate the waste and competition of overlapping organizations, at the same time stimulating rational recreational facilities.

Our first function is aimed, of course, at the elimination of the evils that nearly always have been associated with army life in America, and in Europe as well. Our boys are to be drafted into service. We cannot afford to draft them into a demoralizing environment. The responsibility of the Government is doubly obvious in view of the measure of conscription. A man might volunteer for service and run his chance with vicious surroundings; but when conscription comes into play, the Government itself must assume the responsibility for eliminating these evils. It is a responsibility which we owe to the men, to their families, and to the communities from which they come.

The amendments to the Army bill will, of course, be of immense aid to the Government in carrying out this purpose. Other instruments, however, can be employed. It will be possible in many cases I believe, to secure the coöperation of the local Government officials to keep local conditions clean. When such coöperation is not possible, and in the failure of all other attempts on the part of the Government to eliminate vicious surroundings, it is the intention of the Secretary of War to move the camp.

On the positive side of our program is the necessity of competing with what I have termed "demoralizing influences," such as the saloon and the vice resort. This function of our work divides itself naturally into several lines. Within the camp, the activities of the Y. M. C. A., an organization now officially recognized by an executive order of the President, as Commander in Chief of the armies,

form an important part in the recreational program. In connection with the work, but under the direct control of the army, is the promotion of athletic sports and games such as are now carried on in England under the Aldershot plan, and promoted to a large extent in Canada. Briefly, these games are built up on the inter-unit system, their idea being to develop the competitive instinct in the soldier. Boxing, wrestling, bayonet exercise, and all forms of hard physical games are followed. Everybody must take part. Squads compete with squads, companies with companies, regiments with regiments, brigades with brigades, and divisions with divisions.

A member of the British Mission recently in Washington, Colonel Goodwin, told me that these games, which had been encouraged, in fact, enforced by the army officials in France, were one of the great influences in keeping men sane and balanced behind the lines. The War College in Washington now has under consideration an adaptation of the Aldershot system, submitted by our commission. It will be carried out, I believe, in all the camps in the United States.

Another important function lies in the line of coöperation between camps and the communities in the neighborhood—to make the community feel its responsibility for providing amusement and recreation, and plenty of amusement and recreation for men on leave. Joseph Lee, a member of the commission, is himself President of the Playground and Recreation Association of America, and has general charge under the commission of this important activity. We shall have an expert community organizer in every town or city in the neighborhood of all the camps in the United States, whose aim it will be to coördinate all such activities. Just at present we have thirteen of these trained men in the communities nearest the thirteen Reserve Officers' Training Camps now opening up. Dr. Rowland Haynes, for example, is representing us at Plattsburg; through his efforts a local committee has been organized, and all agencies intending to work in Plattsburg will find full scope for their plans in the large program that has been laid out. At the same time overlapping will be eliminated.

In some communities, for example, outside the camps, women's organizations will run "canteens" for the soldiers, where food and tobacco can be obtained at cost prices, and where an opportunity will be afforded for meeting and talking with women of the right sort. In Toronto the "Take the Soldier Home for Dinner Movement" was organized, and through this agency a number of men found homes where they were welcome to visit whenever they were on leave in the city. Work of this kind can be multiplied almost indefinitely.

Too many of the evils surrounding camp life in the past are traceable to the lack of adequate amusement and rational recreation for the soldier. Our commission does not intend to attempt to apply impracticable idealistic standards. We shall be dealing with a fine lot of healthy, red-blooded men, and we must have healthy, red-blooded forms of recreation. My point is that there must be plenty of it to absorb the surplus energies of the soldiers in their hours of relaxation.

Early Action by the Interurban Clinical Club

THE PRESBYTERIAN HOSPITAL,
New York, April 16, 1917.

William C. Gorgas, *Surgeon-General*,
United States Army,
Washington, D. C.

SIR:

At a meeting of the Interurban Clinical Club in Boston, April 13th, the undersigned who represent all the members present, formulated the following request which they hope you will consider with all seriousness:—

“That steps be taken to instruct officers in the early diagnosis of syphilis by modern laboratory methods and the importance of early diagnosis and treatment.

“That a standard method of the treatment of syphilis be established, and made obligatory, and that suitable facilities and suitably trained persons be provided in connection with all large bodies of troops to carry out these measures.

“And further recommend that a board be appointed to institute measures for strict exclusion of prostitutes from the vicinity of camps and the prevention of venereal disease.”

[SIGNED] DR. R. C. CABOT, Boston,
DR. H. A. CHRISTIAN, Boston,
DR. D. C. EDSALL, Boston,
DR. E. P. JOSLIN, Boston,
DR. F. T. LORD, Boston,
DR. E. A. LOCKE, Boston,
DR. J. H. PRATT, Boston,
DR. GEORGE BLUMER, New Haven,
DR. W. TILESTON, New Haven,
DR. RUFUS COLE, New York,
DR. W. T. LONGCOPE, New York,
DR. F. S. MEARA, New York,
DR. R. H. M. LANDIS, Philadelphia,
DR. T. McCRAE, Philadelphia,
DR. G. W. NORRIS, Philadelphia,
DR. D. RIESMAN, Philadelphia,
DR. J. SAILER, Philadelphia,
DR. L. V. HAMMAN, Baltimore,

Respectfully yours,

[SIGNED] WARFIELD T. LONGCOPE,
Secretary.

The Medical Profession Endorses the Policy of the Government

The following resolutions were presented to the House of Delegates of the American Medical Association by the Section on Hygiene and Preventive Medicine, June 7, 1917, and unanimously adopted:—

WHEREAS, venereal infections are among the most serious and disabling diseases to which the soldier and sailor are liable; and

WHEREAS, they constitute a grave menace to the civil population; and

WHEREAS, the Congress of the United States has authorized the President and has empowered and directed the Secretary of War to control prostitution and alcohol within effective zones surrounding all military places; and

WHEREAS, The Council of National Defense has adopted resolutions outlining a general policy for the combating of venereal diseases; and

WHEREAS, a grave responsibility rests upon the civil population and particularly the medical profession for participation in making effective these and other measures for the eradication of venereal diseases;

Therefore, Be It Resolved: That the American Medical Association endorses the actions of Congress and the Council of National Defense and commends the following as the basis for a program of civil activities:—

1. That sexual continence is compatible with health and is the best prevention of venereal infections.

2. That steps be taken toward the eradication of venereal infections through the repression of prostitution, and by the provision of suitable recreational facilities, the control of alcoholic drinks, and other effective measures.

3. That plans be adopted for centralized control of venereal infections through special divisions of the proper public health and medical services.

4. That the hospitals and dispensaries be encouraged to increase their facilities for early treatment and follow-up service for venereal diseases as a measure of national efficiency.

5. That the members of the medical profession be urged to make every effort to promote public opinion in support of measures instituted in accordance with these principles of action in the control of venereal diseases.

*Influential Organizations of Men and Women in Every Part of the
United States Commend the Campaign Against Alcohol,
Prostitution, and the Venereal Diseases*

Hundreds of copies of minutes such as the following adopted by women's clubs, church organizations, and other societies have been sent to the President, the Council, the Commission on Training Camp Activities, and the secretaries of War and Navy. They have been very reassuring to the officers and have given the military authorities confidence that the public fully approves.

Resolved: That the Association hereby expresses its earnest desire to further in every way possible the request of the General Medical Board already presented to Secretary Baker, the Council of National Defense, the Congress, and the President, that there be created about all military camps an effective zone within which the sale of liquor and the presence of prostitutes are prohibited. We respectfully but urgently petition the War Department to create such zones

about all camps now existing or hereafter to be established and to establish military camps only on condition that such zones be created and that adequate regulations for the moral protection of the men be enforced.

In order that such protection may actually be secured, we petition the War Department to demand as a prerequisite to the establishment of a military camp at any place the coöperation of the municipal authorities in the removal of every vicious resort in the vicinity and the maintenance of a complete absence of such resorts throughout the period of the existence of the camp upon penalty of its removal.

We petition further that the War Department adopt as a part of its policy of moral sanitation not merely the prevention of the spread of venereal disease, but the prevention of prostitution; and that the enforcement of regulations to this end be not left to the discretion of individual commanders, but that uniform procedure be established through military orders from headquarters.

*The International Committee of the Y. M. C. A. and the American
Social Hygiene Association Plan Special Educational Work
under the Supervision of the Commission on
Training Camp Activities*

GENTLEMEN:

May 23, 1917.

When the troops were being mobilized on the Mexican border, the Bureau of Social Hygiene, the American Social Hygiene Association and the International Committee of Young Men's Christian Associations, in joint coöperation, sought to direct the moral welfare of the soldiers. Two lines of action were entered upon; first, to influence the Government to adopt and make effective a policy for the elimination of prostitution and drink from the environment of military camps; second, to carry out a program of moral education with reference to sex with the enlisted men.

A deputation, representing these three organizations, laid the matter before the Secretary of War. He at once chose personal representatives to study the problem on the border and earnestly sought to ameliorate these evils.

A plan of sex education for troops was carried out by the International Committee of Young Men's Christian Associations in coöperation with the American Social Hygiene Association.

As a result of the experience on the border, the Department of War at Washington has become thoroughly aroused as to its responsibility in safeguarding the moral welfare of the soldier in the greater army now mobilizing, both from the viewpoint of military efficiency and the broader viewpoint of social welfare. The Government has adopted a policy of making the environment of military camps "as wholesome as it is humanly possible to make it" and it has put into operation adequate machinery and forces for making that policy effective. Congressional action has been secured authorizing the suppression of commercialized vice and drink in designated zones about military camps, and military orders in line with the above policy have been issued. The War Department has appointed a Commission of eight outstanding national leaders, known as The Commission on Training Camp Activities, to study the problems involved, to keep the War Department informed of conditions, and to carry out an extensive program of activities—athletic, recreational, social, educational and re-

ligious—with a view to rendering the life of the enlisted men as normal and wholesome as possible. The Commission also seeks to stimulate the cleaning up of our cities, especially those to which the soldiers will have access. In this connection, there is abundant opportunity for effective work on the part of all local and state societies interested in furthering moral sanitation among our troops. The following are the members of the Commission:—

Mr. Raymond B. Fosdick, of the Bureau of Social Hygiene, Chairman; Dr. Joseph E. Rayeroff, Professor of Hygiene and Physical Training at Princeton University; Mr. Joseph Lee, President of the Playground and Recreation Association of America; Dr. John R. Mott, General Secretary of the International Committee of Young Men's Christian Associations; Mr. Lee F. Hanmer, of the Russell Sage Foundation; Charles P. Neill of Washington; Thomas J. Howells of Pittsburgh; Malcolm McBride of Cleveland; Major Palmer Pierce of the United States Army.

Permit us to call your attention to the fact that in this matter our Government has taken action far in advance of any taken by other nations. Other nations have assumed that vice cannot or should not be suppressed and have confined their efforts to dealing with its consequences—with disastrous results as the facts show. Our Government now assumes that vice is not necessary and seeks not merely to minimize its consequences but to eliminate vice itself. In addition to this, medical measures for the health protection of the soldiers and society also far in advance of any heretofore observed and entirely in accord with the above program, are being put into operation with the approval and coöperation of the War Department.

As a part of its program, the government Commission on Training Camp Activities has requested the International Committee of the Young Men's Christian Association to carry out in the army an adequate program of moral education with reference to sex. In order that the social hygiene and similar interests may be represented in this work and that the greatest efficiency may be secured, the International Committee will work in coöperation with the American Social Hygiene Association in this task.

We wish you to know these facts: first, that you may rejoice with us in that the growing movement for social morality in recent years is showing results in this important way and second, that you may coöperate with us more effectively.

We have before us a list of fifty-one organizations which have for their object the advancement of social health and morality. Many of these will be commendably eager to undertake work for the soldiers in the camps. These organizations have different methods of work, their own agents and most of their own literature. It will be obvious to you that if this work for social health and morality among the soldiers is not coöordinated under one directing head but each organization seeks to bring into these camps its own particular appeal and its own literature through its own agents, there must necessarily result excessive overlapping of effort, confusion and overdoing the whole matter such as would result in most unfortunate reaction.

For the sake of efficiency, it is the desire of the government Commission on Training Camp Activities, that the International Committee working in coöperation with the American Social Hygiene Association coöordinate all work of that nature in the military camps. May we request, therefore, that if you have

literature which you regard as useful, or capable speakers or if you have suggestions to make, that you send the information or copies of literature to us at the American Social Hygiene Association, 105 West 40th Street, New York. We shall give careful consideration to all suggestions and material sent in. It will readily be seen, however, that we cannot use all good literature nor all good speakers. Both are now so numerous that selection must be made from these.

Permit us to suggest that perhaps the most important task now before all organizations interested in safeguarding the moral life of the soldiers is that of securing the suppression of prostitution and the liquor traffic in our American cities. It is necessary, not only that the environment of the military camps be kept clean but that the cities to which they will have access also give them a decent chance to remain clean.

Very truly yours,

[SIGNED] M. J. EXNER,

[SIGNED] WILLIAM F. SNOW.

The General Federation of Women's Clubs Through its Public Health Department Calls Upon Its Members for Effective Coöperation

When America's call to arms was sounded the Mid-Biennial Council was assembling at New Orleans. Pre-arranged programs were willingly sacrificed upon the altar of patriotism, and the Federation faced, woman-fashion, the duty of preparing to do its bit in the crisis. Department chairmen suddenly found themselves confronted with a demand for outlines of work best calculated to do the greatest good to the greatest number of our people during the period of the war.

Obviously it was impossible on such short notice for the Department of Public Health, with its diversified and far-flung activities, to do more at the moment than tersely indicate the paramount lines on which its workers should concentrate, leaving the plan of action to be elaborated and announced later. These, in the judgment of the Chairman, were stated to be:—

1. Work to conserve child life.

2. Work to create a moral sanitary environment for our boys and men in mobilization camps.

It was explained from the Council platform, and is here repeated for the benefit of all concerned, that this course is imperative for the following reasons:

The administrative policy of the Department is based upon recognition of the fact that it can only hope to accomplish worthwhile results in its immense field by securing and maintaining close and cordial relations of coöperation with state boards of health and powerful national and international specialized Public Health agencies. It was realized then, and has since been demonstrated, that those agencies would require reasonable time to determine the nature, scope and order of precedence of their efforts under the same martial emergency, and to coördinate them with the specific aims of the Federal Government; and that it was not until that had been done that we could definitely fix our own status as sane and practical helpmeets. . . .

The anxious concern of mothers for the moral welfare of their sons soon to be drafted and held in concentration camps, is only equalled by their patriotism in God-speeding their own flesh and blood, often forever, to respond to their country's "battle cry of freedom." With the unspeakable immoral horrors of the late Mexican border camps still casting their blot upon civilized manhood and menacing national posterity, our women can be depended upon to "work to create a moral sanitary environment for our boys and men in mobilization camps;" and one of the most hopeful and cheering signs of the dread times through which we are passing, is the assurance the Department already has (and will soon definitely publish) of governmental appreciation of and efforts to abolish this evil. As a practical preliminary measure of moral support of this course, the following is urgently recommended:—

Telegraph at once to Secretary of War Baker, at Washington, your confidence that the Government will successfully and promptly work out this great problem.

In localities where military camps are established, let the club women unite with the best elements of municipal government to foster clean moral conditions. If the municipal authorities fail in this duty, appeal without delay to the Federal Government.—*An Emergency Service Forecast by Mrs. Elmer Blair, Chairman, Public Health Department, General Federation of Women's Clubs.*

The Action of the Chicago Woman's Club is Typical of What Many Similar Organizations Are Doing

The following letter and resolutions tell their own story:—

CHICAGO WOMAN'S CLUB
410 SOUTH MICHIGAN AVENUE

June 4, 1917.

A meeting was held, May 18, 1917, under the auspices of the Chicago Woman's Club and the Woman's City Club, at which representatives from numerous organizations were present. The purpose of this meeting was to coördinate the efforts of all agencies working for the protection of the health and morals of soldiers and sailors stationed in the vicinity of Chicago. A committee of three members was appointed to formulate resolutions to be presented at a future meeting. The resolutions were drafted and are herewith enclosed. These resolutions will be passed upon and further action taken at a dinner conference to be held in the rooms of the Chicago Woman's Club, Friday evening, June 8, 1917, at 6.30 o'clock. We will appreciate your attendance, but if you cannot come, kindly send a representative who is interested in the situation.

MRS. HARLAN WARD COOLEY,
MRS. DUNLAP SMITH,
MRS. EDWIN L. LOBDELL,
MRS. JAMES L. HOUGHTLING,
MRS. OLIVER W. STEWART,
MRS. HAROLD LE CLAIR IKES,
MRS. ROBERT F. PALMER,
MRS. TIFFANY BLAKE,
DR. RACHELLE S. YARROS, *Chairman.*

A Suggested Form of Resolutions to be Endorsed by Organizations in Chicago and Vicinity Interested in Conditions in and about Military and Naval Training Camps

I

The undersigned organizations and individuals, interested in the welfare of soldiers and sailors, respectfully commend and congratulate the Council of National Defense for the stand taken with regard to the protection of the health and morals of the men in the army and navy of the United States. We are convinced of the wisdom and practicability of the policy adopted by the Council of National Defense for the protection of the morals of enlisted men, the prevention of exposure to venereal disease, and the provision of ample facilities for early and skillful treatment of venereal diseases, thereby reducing their duration and seriousness. (A copy of the statement of policy of the Council of National Defense is attached hereto.)

II

We respectfully offer to coöperate with the Council of National Defense in making the declared policy of the Council effective, particularly as applied to Chicago and vicinity. We recognize the heavy responsibility which communities, that provide the environment for recruits, bear not only toward individual soldiers and sailors, but toward the nation as a whole and the nation's allies. We desire vigorously and intelligently to discharge our duties in this respect.

III

Recognizing community responsibility for the health and morals of soldiers and sailors, we propose to coöperate with the Council of National Defense, with the State Council of Defense, and with the Chicago Council of Defense, in carrying out the following program of work:—

A. Educational Work.

1. We will carry on an educational campaign among civilians, pointing out their responsibility to the nation for the health and morals of enlisted men, and we will particularly direct our attention to the education of mothers and girls residing in the vicinity of military or naval stations. The work among civilians will be carried on through lectures, exhibits, and printed matter.
2. We will coöperate with other organizations in placing before soldiers and sailors in military and naval stations the facts and modern point of view with regard to prostitution, the venereal diseases, and sex ethics. This work will be carried on by invitation from the military authorities through addresses, exhibits, and printed matter.

B. Recreation outside of Military and Naval Stations.

We will work together to provide wholesome recreation and amusement for the soldiers and sailors outside their stations. We propose to coöperate in establishing canteens, where soft drinks, confectionery, etc., etc., can be sold to the soldiers and sailors at cost; in providing wholesome theatrical entertainment and dances; in arranging athletic contests and out-of-door games; and in general, providing the soldiers

and sailors with wholesome associations, in order to satisfy the natural social cravings.

C. Enforcement of Law, Particularly in the Environment of Camps.

We will coöperate with organizations for the enforcement of laws relative to prostitution and the sale of alcoholic beverages. Recognizing the laxity which sometimes characterizes the enforcement of law in the vicinity of military and naval stations, and the serious individual and social damages which may be done by the illicit sale of liquor and the practice of prostitution, we will exert ourselves to the utmost to see that public officials enforce the law vigorously, persistently, and intelligently. This we regard as one of the most patriotic duties of citizenship—the sine qua non of patriotism among civilians.

D. Coöperation in the Treatment of Venereal Diseases.

1. We hold ourselves ready to coöperate, upon request, with medical officers of the army and navy in securing the volunteer part-time services of competent physicians—specialists in treating the venereal diseases. (We will coöperate in developing a system of treatment whereby persons exposed to venereal diseases may be prevented from becoming infected.) If desired by the army and navy we will assist in providing early and skillful treatment for soldiers and sailors in case of infection, in order that the duration and seriousness of the disease may be reduced.
2. We recognize the fact that venereal diseases are contracted by the soldiers and sailors from the civilian population, consequently we propose to establish improved and modern facilities for the treatment of venereal diseases among the civilian population. We will carry on a program of education, urging persons who have been exposed to venereal disease to apply at once for treatment which may prevent actual infection. This early treatment will be an important part of the work of this dispensary.

E. General.

In general, we propose to coöperate with and coördinate all forces which work intelligently, earnestly, and patriotically for the preservation of the health, morals and efficiency of men who have been called to defend the ideals of our nation. We shall particularly look to the Council of National Defense, to the American Social Hygiene Association, and to the International Committee of the Y. M. C. A. for suggestions, guidance, and assistance in carrying out this program of work.

It is suggested that a coördinating committee, representing all organizations to which this set of resolutions will be presented, should be formed in order to carry out the program of work suggested. Added to this coördinating committee should be a carefully selected group of advisors, particularly men and women who have had experience and training bearing upon the problems with which this program of work has to deal.

DR. WILLIAM ALLEN PUSEY,
PROF. ROBERT GAULT,
MR. WALTER CLARK,
DR. RACHELLE S. YARROS.

A State Health Department and a City Department Prepare for Action

CALIFORNIA STATE BOARD OF HEALTH, SACRAMENTO

May 15, 1917.

DEAR SIR:

At a meeting of the State Board of Health held on Saturday, May 5, 1917, the following resolutions were adopted and the Secretary was directed to send them to the mayors of all incorporated cities of the State.

WHEREAS, every possible protection to health and physical welfare should be afforded those enlisting in the Federal service and the citizens of the State at large; and

WHEREAS, experience shows that unless restrained by public authority prostitutes gather in large numbers near army camps and spread venereal diseases among the soldiers; and

WHEREAS, said diseases are a serious factor in morbidity and reduced efficiency, and a menace to the public health; therefore, be it

Resolved, that the State Board of Health of California urge upon all mayors throughout the State that they demand from their health officer, police departments, and other appropriate officials, an active policy of protection of the enlisted men and of the civil community against this menace to the public health; and, be it further

Resolved, that detailed reports be requested of said officials, setting forth the recommendations made by them and the methods of "preparedness" being enforced by them to meet this public health problem.

You are requested to give immediate attention to the establishment of a local policy regarding the prevention of venereal diseases and to notify the State Board of Health of the methods which will be followed in your city.

Respectfully yours,

[SIGNED] W. A. SAWYER, *Secretary*.

DEPARTMENT OF PUBLIC HEALTH, SAN DIEGO, CALIFORNIA

May 25, 1917.

*Dr. W. A. Sawyer, Secretary,
California State Board of Health,
Sacramento, California.*

DEAR DOCTOR:

Pursuant to the resolution adopted by the State Board of Health, under date of May 5, 1917, requesting all Health Officers and Police Departments to initiate certain steps for the control and prevention of venereal diseases in their respective jurisdictions, I yesterday arranged a conference between the following officials, Federal, State and Municipal: Col. J. P. O'Neil, Commanding the Twenty-first Infantry; J. Edward Keating, Justice of the Peace; Lieut. Francis W. Anderson, Twenty-first Infantry; Asst. Surgeon L. U. Clef, United States Navy; Captain Brotherton, Commanding the Naval Training Station, Balboa Park; Major T. C. Turner, Marine Corps; Captain Love, Surgeon of the Marine

Corps; August Vollmer, Chief of Police of Berkeley, Calif.; Lieut. James Patrick, Acting Chief of Police.

I have the honor to report that the following proposed course of action was recommended as the result of said conference:—

First. That all cases of venereal diseases occurring within the ranks of army, navy, or marine service shall be immediately reported to this office by case number and where possible a history showing the probable source of contraction will be appended thereto.

Second. That the state law providing for the red light abatement, etc., be immediately enforced and all prostitutes eliminated from the city limits. While it is not expected that this will be more than partially effective, it may be the means of eliminating the worse element. The method to be pursued is:—

A. The prompt arrest under vagrancy charges and strengthening legal evidence for presentation in court.

B. The courts have assured us of their intention to uphold the enforcement of the act and, where convictions are possible, to be anything but lenient. There will be no floater sentences.

Third. The regulation of all liquor establishments whereby those saloons located in parts of the city not conducive to the best interests of the men will be, if possible, put out of business. Those saloons where proper surroundings may be maintained to be left without interference.

Fourth. All saloons and food establishments where liquor is sold to be requested to coöperate in the matter of eliminating as patrons women of loose character, in order to safeguard the men as much as possible who are behaving themselves and who would not be exposed except for the fact that temptation is forced upon them.

Fifth. A special course to the patrol men and police officers by legal authorities on the compilation of evidence necessary for the successful prosecution of this type of work. This is to be commenced by lectures from one of our local judges.

Sixth. The detection of diseased women and the use of this evidence where possible against them.

Seventh. I have personally taken up the matter with all civilian practitioners requesting the prompt reporting by case number of all venereal diseases with the view of determining the comparative incidence in civilians.

I realize that the effort we have made will not prove satisfactory except to a limited extent, but the spirit is evident to carry out the intentions of the State Board of Health, and we hope to attain at least some results. I would suggest as a possible means of strengthening the position of the local health officer that syphilis, at least, be made quarantinable by resolution of the State Board of Health "Whenever in the opinion of the local health officer the public health will be endangered by not enforcing a strict quarantine." And, furthermore, if it is possible that this quarantine shall be made transferable for sociologic reasons, from the place at which the infection is located, to some state hospital where segregation of this type of individual may be more readily carried out without lay opposition, which would be a serious drawback at an isolation hospital.

I believe that this quarantine could be established temporarily at police headquarters and later on, by order of the health officer, coupled with authorization from the State Board of Health, such a transfer be made as named above.

Kindly let me have your opinion relative to this matter and, owing to pressure for time since the selection of San Diego for an important army and navy post, it is my hope that if the plan I suggest seems feasible the State Board of Health take cognizance of it without delay.

Yours respectfully,

[SIGNED] A. E. BANKS,
Health Officer and Superintendent of Public Health.

*The Men of a University Pledge Themselves To Do Their Part to
Establish the American Uniform as the Symbol and
Guarantee of Real Manhood*

"I quote below the exact text of the resolutions adopted by the engineers and the men of the medical group of this University."—George E. Vincent, *President University of Minnesota*.

Four hundred engineers, practically all students of the College of Engineering of the University of Minnesota, at a mass meeting on April 27, 1917, unanimously adopted the following resolution:—

1. We stand to respond to the call of the country in ready and willing service.
2. We undertake to maintain our part of the war free from hatred, brutality or graft, true to the American purpose and ideals.
3. Aware of the temptations incident to camp life and the moral and social wreckage involved, we covenant together, as college men, to live the clean life and to seek to establish the American uniform as a symbol and guarantee of real manhood.

The same resolutions were adopted by the men of the medical group of the University of Minnesota, including the colleges of Medicine, Dentistry, and Pharmacy, in a mass meeting of four hundred and fifty students and members of the faculty, with the following additions:—

We endorse the program of the engineers and adopt their formula as our standard.

As our specific contribution, we pledge ourselves—

1. To enlighten men regarding the dangers of impure living and to do our share in maintaining wholesome moral conditions.
2. We register our commendation of the stand taken by the National Council of Defense that "continence is compatible with health" and placing alcoholic beverages under strict control, and in creating moral zones around American troops.

3. Convinced, in view of a possible world famine, that it is immoral and absurd to waste approximately a sixth of our food cereals in the manufacture of intoxicants, we appeal to the President of the United States and to Congress to establish entire prohibition as a war measure.

A Thousand More Organizations and Departments of Civil Government are at Work on this Problem

The letters and statements presented above have been selected as illustrative of the varied efforts being made, and to indicate that the nation is at last at grips with this problem. It behooves every patriotic citizen seriously to study the situation in his community and to do his part in the local social hygiene program whatever that program may be. Future articles on Social Hygiene and the War will describe the work of individual leaders among the civil population, in governmental departments and commissions, in the army and navy, and in Congress, who may contribute to the success of the movement. Under ordinary conditions of peace no such concerted action as is promised would have been possible. The opening of the great cantonments, and the mobilization of army and navy forces elsewhere have presented a national emergency which the people have risen to meet. Whatever is accomplished by social hygiene in the protection of these military establishments will be equally in the interest of towns and cities in their vicinity.

Social Hygiene

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NO. 4

THE VENEREAL DISEASES—A WORLD PROBLEM IN EPIDEMIOLOGY

By COLONEL T. H. GOODWIN

R. A. M. C. British Army

I have been asked to introduce the following papers on ways and means of combating the venereal diseases. In no other problem of control and ultimate eradication of a disease do we have progress so dependent upon education of the entire mass of the population, conscientious attention to prolonged treatment of ambulatory cases apparently in good health, and complicated management of environmental conditions. Added to these is the hitherto insuperable difficulty of inducing the public to deal with commercialized and clandestine prostitution as the principal factor in the epidemiology of this group of diseases.

It is of basic importance to recognize that so long as measures for the conservation of moral standards and for the conservation of health are in conflict little progress can be expected; however, there would appear to be no valid reason why the two schools of thought should not meet in entire accord, the common object being the safeguarding and improvement of health with, at the same time, the conservation of moral standards. The attaining of either of them, in greater or less measure, would have a direct influence in the improvement of the other. Permanent advances seem to have been made during the present war in developing a common ground of accepted activities in both the medical and social fields of the problem. In England this has been brought about largely by the appointment of the Royal

Commission on Venereal Diseases and the Government's recognition of the National Council for Combating the Venereal Diseases as an authorized body for the purpose of spreading knowledge and giving advice in regard to the question of venereal disease in its varied aspects. Military measures are now being supplemented by the establishment of diagnosis and dispensary facilities in all civil districts, and a general educational campaign is being intensively conducted. In France the reports of the permanent Commission of Hygiene and Prophylaxis of the Interior has served a purpose similar to that of the English commission. The Minister of the Interior has directed attention to the necessity of instituting special dispensaries, to be known as hospital annexes, for offering to persons infected with venereal disease every facility for personal treatment. Special efforts have been made to impress upon the chiefs of every grade the importance of developing the idea of personal responsibility in each man. Other nations now at war have in varying degrees undertaken civil-military programs. Special and widely different measures have been instituted by Canada, Australia, New Zealand, and other parts of the British Empire.

I have just been on a tour of observation in Canada. The question of venereal disease is there, as elsewhere, a serious problem and has occasioned considerable anxiety. Efforts are made to safeguard the men by educational methods. Entertainment and recreation features are provided, and known immoral houses are ordered out of bounds. Failure to report for early treatment, after exposure, constitutes a punishable offense. A patient in hospital with venereal disease loses fifty cents daily pay. Diagnostic facilities are provided. An interesting effort is being made at the Toronto Base Hospital to work out a social case sheet, which is described in Captain Gordon Bates' paper.¹ If the reaction is positive, he undergoes treatment until a cure is effected. Alcohol has made trouble among the return troops, but this has been markedly lessened in the Province of Ontario by the enactment of the prohibition law. The

¹ See page 471.

"discharge depot" is an important institution and its workings as it relates to the possibilities of safeguarding the civil population from venereal diseases should be studied. This institution acts as a sieve for returned men. No actual treatment other than that of a simple nature is carried out here. Cases requiring treatment are drafted to hospitals, careful records are kept, and the cases evacuated within ten to fourteen days to the districts from which they were originally recruited.

The United States has the opportunity not accorded to other nations of preparing to meet the situation in advance of mobilization. The social hygiene program proposed is comprehensive and sound, and is in line with the best experience of military and civil authorities in England. The Council of National Defense and the American Social Hygiene Association are evidently agencies paralleling in function the Royal Commission and the National Council for Combating the Venereal Diseases. The administrative facilities provided in the Commission on Training Camp Activities of the War Department, the section on venereal diseases of the Surgeon General's office, and the military welfare committees and similar civil bodies created by state councils of defense, should prove ample if supported by public opinion and provided with men and money. I understand that equivalent facilities have been arranged by the Navy Department through the Naval Commission on Training Activities.

The American troops in France will probably meet conditions similar to those surrounding the Canadian troops. The men on furlough will not have homes to return to as have the French and English men. This should be borne in mind in planning broadly for the social hygiene program. In addition to the facilities already provided I would suggest that club houses for officers and for men should be maintained at all ports of embarkation both here and in Europe. Such clubs for the English have proved of very great service.

"GOD KEEP AND GUIDE YOU, SOLDIERS OF THE
NATIONAL ARMY"

To the Soldiers of the National Army:

You are undertaking a great duty. The heart of the whole country is with you. Everything that you do will be watched with the deepest interest and with the deepest solicitude not only by those who are near and dear to you, but by the whole nation besides. For this great war draws us all together, makes us all comrades and brothers, as all true Americans felt themselves to be when we first made good our national independence. The eyes of all the world will be upon you, because you are in some special sense the soldiers of freedom.

Let it be your pride, therefore, to show all men everywhere not only what good soldiers you are, but also what good men you are, keeping yourselves fit and straight in everything, and pure and clean through and through. Let us set for ourselves a standard so high that it will be a glory to live up to it, and then let us live up to it and add a new laurel to the crown of America. My affectionate confidence goes with you in every battle and every test. God keep and guide you!

WOODROW WILSON.

*The White House,
Washington.*

METHOD OF ATTACK ON VENEREAL DISEASES

AN OUTLINE OF ACTIVITIES AND COÖPERATING AGENCIES PLANNED TO REDUCE THE PREVALENCE OF THE VENEREAL DISEASES

Methods of attack upon venereal diseases divide themselves into four classes:—

- A. Social measures to diminish sexual temptations.
- B. Education of soldiers and civilians in regard to venereal diseases.
- C. Prophylactic measures against venereal diseases.
- D. Medical care.

A. SOCIAL MEASURES TO DIMINISH SEXUAL TEMPTATIONS

- (1) The suppression of prostitution and the liquor traffic.
- (2) Provision of proper social surroundings and recreation.

These activities which have to do with social matters largely fall outside the jurisdiction of the medical service of the army, but this service can render these activities more efficient by stimulating and supporting them, and wherever practicable such support should be given.

- (1) Suppression of prostitution and liquor traffic in zones.

Keep careful track of conditions as regards these two matters in surrounding districts, in cities or towns where soldiers go, and in travel gateways.

In camps and zones, we have the following agencies which may be utilized:—

The constituted authorities, military and civil.

The Commission on Training Camp Activities, War Department.

Local and national volunteer agencies may be utilized to discover failures and abuses, and to help otherwise in the work under direction of the proper authorities.

Outside the zones, a large number of forces can be used.

Among these:—

State Councils of National Defense.

Civil police and health administrations.

Associations of commerce.

Women's clubs.

The press.

Social hygiene and vigilance societies, and other social and religious organizations of influence in civil communities.

(2) Provision of proper social surroundings and recreation.

In camps and zones, plan to:—

Develop social activities and amusements.

Provide places where soldiers may go for comradeship, to meet friends, to "loaf."

Supply an attractive place, or places, for soldiers to meet their women callers in camps and near camps.

Establish, under police authority, women patrols in zones.

Enforce rules against women being received in soldiers' tents or being allowed the freedom of camps.

Encourage facilities for interesting the soldier in reading, lectures, music, congenial friendships, hobbies.

For this purpose, we have for use in camps or zones, or both:—

The Commission on Training Camp Activities supervising activities of the Young Men's Christian Association, Playground and Recreation Association, Knights of Columbus, Young Women's Christian Association through its hostess houses, the American Social Hygiene Association, and other national and local organizations invited to carry on special activities.

Similar provisions for social diversions and proper social surroundings should be provided outside the zones, and if possible, provision at least for their inspection by military inspectors should be provided.

For use outside the zones, we have practically all the above agencies which are organized to conduct similar work in communities accessible to soldiers but not within military zones.

An effort should be made to stimulate local organizations in towns near camps and at railroad centres to furnish proper social diversions and amusements for soldiers, and to provide places where they may go when on leave. Enlisted men's clubs for this purpose, charging a small monthly membership, say twenty-five cents, are greatly to be desired.

Organizations of men and mature women to furnish members to meet soldiers in a friendly way, and to give them information and directions are desirable in towns and at railroad centres and other points in large cities where soldiers come in numbers. Fraternal organizations should be enlisted in this work.

Pressure should be brought to bear on the civil authorities to suppress vicious amusement places, to clean up parks and other recreation places, and to furnish for such places morals police. For this purpose, the members of special law enforcement organizations could be used.

Inspection of social and moral conditions in the camps, in the zones, and in contiguous districts, and of the work being done by the various agencies for social betterment should be made by federal authorities. Similar volunteer inspections by dependable vigilance and other civic associations should be encouraged.

B. EDUCATION OF SOLDIERS AND CIVILIANS

(1) For soldiers: (a) Lectures; (b) Pamphlets; (c) Exhibits.

(a) Lectures to soldiers should be given by medical and line officers and by competent volunteers furnished by outside agencies under invitation and direction of the Medical Department. These, beside inculcating continence, should explain the risk and waste of venereal diseases and the program adopted to avoid them. Lecturers without authority should not be permitted.

(b) A pamphlet should be given the soldier as soon as possible after enlistment. This pamphlet should be very brief and should warn the soldier of the venereal dangers to which he may be exposed and give him instructions,

if he should be exposed, to report as promptly as possible to his regimental infirmary.

It would be very desirable if a pamphlet could be distributed at the place of meeting of Exemption Boards. Later somewhat fuller pamphlets should be distributed to soldiers through medical and line officers, or by accredited volunteer social hygiene societies.

- (c) Exhibits, such as the Coney Island exhibit of the New York Society of Social Hygiene, the exhibit of the National Cash Register Company, the exhibits of the Oregon Social Hygiene Society, the Missouri Society, and other exhibits and demonstration methods worked out by the American Social Hygiene Association should be adapted to the needs of military life and furnished to each cantonment.

(2) For civilians:—

In the attack upon the venereal problem, it is highly desirable that such educational activities as those outlined above for soldiers should be stimulated for the civilian population.

The influence of the military authorities should be given to the national organizations for social hygiene and to the numerous sanely conducted local organizations of the same sort.

Encouragement should be given to the organizations which are undertaking to arouse the interest of the woman population of the country in matters of social hygiene and for instructing women in regard to venereal diseases.

Organizations dealing with these matters which attempt to reach women should be encouraged, especially in the vicinity of camps. An increasing number of influential organizations such as the General Federation of Women's Clubs and Patriotic Women's League, are endorsing and supporting sound social hygiene programs, and supplementing the more specialized efforts of such organizations as the Young Women's Christian Association and the Women's Christian Temperance Union.

C. PROPHYLACTIC MEASURES

Instruction in Prophylaxis:—

Soldiers should be informed of the fact that there are prophylactic measures that reduce the dangers of venereal infection. But this instruction should take particular care to inform them that there are limitations to such prophylactic measures and that they furnish only partial protection and in no sense give freedom from risk.

Regimental Infirmaries:—

The provision of prophylaxis (early treatment) in regimental infirmaries, which should be open day and night, is imperative in any sane attack upon venereal diseases. The prophylactic station should be utilized as a place for personal advice and education against future exposure, and should be conducted as an early treatment dispensary. Any spirit of levity or condoning sexual promiscuity should be discouraged, and obscene stories or objectionable conduct should be rigidly repressed. The men assigned as officers in charge of these stations should be mature and with the personality and force of character calculated to gain the confidence and respect of the men applying for treatment. The medical officer in command should be impressed with the strategic importance of the prophylactic station for education, appeal, and the securing of social facts of vital importance in the prevention of venereal diseases.

Infirmaries in Civil Centers:—

In cities, where there are no adequate civil dispensaries to be used and through which soldiers in considerable numbers pass, either while on leave or in travel, there should be provided in accessible locations regimental infirmaries. In a few cities, where dispensary services are particularly well developed, regimental infirmaries may be replaced to advantage by accrediting these civil dispensaries for use. Information should be furnished to

soldiers of the existence and location of such regimental infirmaries and available dispensaries.

Leaves of Absence:—

In the interest of health, long leaves of absence for soldiers should be as far as possible discouraged. Leaves of absence of more than twenty-four hours are particularly dangerous, and it would be desirable if leaves of absence should be timed from as early an hour in the day as possible.

In cases where soldiers have been exposed, particularly if for any reason exposure seems unusually dangerous, special observation of such exposed men should be made, and if practicable these observations should be repeated at intervals of a couple of days for two or three weeks.

All pressure possible should be made by military authorities against houses or women which experience shows are frequent sources of infection, and this should be extended as far as practical to prostitution generally. The more effective the repression of prostitution can be made the greater will be the reduction in venereal diseases.

All possible influences should be brought to bear to encourage civil authorities in the attack upon prostitution in all its phases. A medical program for civil communities equivalent to the military program for prevention and treatment should be encouraged.

D. MEDICAL CARE

Hospital Organization:—

There should be a special service in each cantonment hospital to care for skin and venereal diseases.

As far as possible, all such cases should be in charge of the venereal service, and where for any special reasons, such cases must be under other services, the senior officer of the venereal services should be, if possible, consulted in regard to them.

In the venereal disease service, there should be at the head an experienced specialist in these diseases, and when-

ever possible, another medical officer trained in venereal diseases should also be in the service. The other medical officers assigned to the service need not necessarily at the beginning be trained in venereal diseases.

In the event that mature specialists from the Medical Officers Reserve Corps can not be furnished for the head of the service in each one of the cantonment hospitals, it would be practicable to use two half-time men, serving on alternate days, to act as head of this service. These men to be obtained from adjacent large cities. Under such conditions, there should always be furnished a qualified junior officer.

Instruction in Venereal Diseases for Medical Officers:—

One of the important functions of these services will be to train a group of men in venereal diseases. The service will, if well conducted, rapidly develop the knowledge of these diseases among medical officers.

It should be distinctly understood that one of the duties of the trained specialists who go into this service will be that of teachers of venereal diseases to the less well trained medical officers, and regimental officers should be encouraged to avail themselves of the opportunity for instruction furnished by these services.

Emphasis should be placed upon the necessity of high standards of technique in carrying out treatment.

Hospital Cases:—

The cantonment hospitals should have under their care all cases of venereal diseases which are in the acute, infectious stages. These include:—

All cases of acute gonorrhea.

All cases of syphilis during the early infectious stage and which have chancres, mucous patches, or condylomata.

But it should be seen to that hospitalization of venereal disease does not become an abuse which is allowed to interfere unduly with military duty.

There should be no leaves of absence for infectious

venereal cases, and cases which have passed the acute infectious stage, but which might become dangerous through the possible development of mucous patches or of chronic gonorrheal discharge, should not be allowed leaves of absence from camp.

Standard Records:—

The syphilitic register of the army should be carefully and fully kept and social facts of epidemiological importance should be secured in every case if possible.

Standardized Treatment:—

An effort should be made to standardize in a general way methods of treatment, and provision should be made for some special instructions in venereal diseases for all medical officers who have charge of troops. To this end, a manual of instructions should be issued to each of the medical officers in the army. This should especially emphasize the great importance of early diagnosis and treatment in venereal diseases and outline suitable methods of treatment.

There should be furnished cards of brief instruction to patients with gonorrhea or syphilis.

Laboratory Facilities:—

Laboratory facilities are necessary:—

- (1) For demonstrating gonococci and other bacteria.
- (2) For demonstrating spirochetes by dark field illumination.
- (3) For urinalysis (which should be required once a week for every syphilitic patient under treatment).

These laboratory facilities should be in the wards of the venereal service.

- (4) For Wassermann tests.

These to be in the general laboratory.

Inspections:—

In order to keep up a high standard of effectiveness, there should be provision for inspection of these services by special inspectors in venereal diseases from the Surgeon

General's office. These inspections should cover each of the four classes of attack specified.

WM. ALLEN PUSEY
FRANCIS R. HAGNER
GROVER W. WENDE
S. POLLITZER
HENRY H. MORTON

Advisory Committee.

COL. F. F. RUSSELL, M. C.,
In charge, Division of Infectious Diseases.

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SOCIAL HYGIENE EDUCATION

WAR DEPARTMENT

WASHINGTON

September 12, 1917.

MY DEAR MAJOR PULLMAN:

I am glad to know of the plans for the use of moving pictures in the educational campaign which the Federal Government and municipalities are conducting for the control of vice diseases.

The United States is spending great sums to conserve the health and welfare of its soldiers; far greater sums than have ever been spent before in the country's history. Our medical and sanitary provision is on the most generous scale, and both time and money are being spent without stint to teach our soldiers how to participate in this war with the least loss of life and limb, as well as with the greatest effectiveness against our adversary.

It is, therefore, very appropriate that our soldiers should be given the plain facts about vice. The exhibition of the picture "Damaged Goods" is an effective way of telling these facts, and I shall be glad to have every officer and man in the army, from the oldest to the youngest, see this picture; not that many of them need its warning, but that all of them can have its warning in mind to repeat to others when necessary.

The waste of war is bad enough at best, and it requires an heroic occasion to justify a nation in exposing the lives of its choice young men in such a contest; but that waste ought not to be increased as it is increased whenever the lesson of "Damaged Goods" is forgotten.

The soldier should remember that he owes his country the full strength of a well body, and that it would be better for him and for his country both for him to come back from this war wounded by an adversary blow, than to come back unscathed by our enemy but marked with the ineffaceable stain of this sort of disease.

The young American who makes up our armies is a wholesome-minded, clean-living man. His great asset is that he knows how to use knowledge. In this lies the virtue of giving him knowledge about this essential means of protecting himself and serving his country at the same time.

Cordially yours,

[SIGNED] NEWTON D. BAKER,
Secretary of War.

*Major Raymond W. Pullman,
Metropolitan Police Department,
Washington, D. C.*

[EDITOR'S NOTE: Letter written in reference to the program of a meeting under the auspices of the Metropolitan Police Department of Washington, D. C., the Sub-Committee on Venereal Diseases, Council of National Defense, the Commission on Training Camp Activities and the District of Columbia War Service Commission, Sunday, September 16, 1917; to which citizens and the soldiers and sailors encamped in the vicinity of Washington were invited.]

ENGLAND MAKES PROGRESS IN COMBATING VENEREAL DISEASES

BY LINSLEY R. WILLIAMS, M. D.

Medical Member, National Research Council Commission, Appointed to Investigate the Various Scientific Problems Arising in France and England as a Result of the War.

The report and recommendations of the Royal Commission on Venereal Diseases resulted in the organization of a society known as the National Council for Combating Venereal Diseases. Lord Sydenham, who had been chairman of the Royal Commission, became chairman of the National Council.

Since its organization the National Council has worked in harmony with the Local Government Board. The Local Government Board has the authority to require various county councils, county boroughs, and municipalities to make provision for the care of cases of venereal disease, and this authority has been exercised as is already known to the readers of SOCIAL HYGIENE.¹

The orders of the Local Government Board, requiring treatment to be provided, specified that treatment centers should be ready within six months, and during this time the local authorities were to submit to the Local Government Board the different schemes by which they would provide treatment.

In June, 1917, I found that Sir Arthur Newsholme, Medical Officer of the Local Government Board, was very well satisfied with the progress that had been made. Progress was in some districts slow because the Local Government Board did not desire to force the communities to establish treatment centers

¹ SOCIAL HYGIENE. *The British Royal Commission on Venereal Diseases*, July, 1916; *Venereal Disease Regulations of the British Local Government Board*, October, 1916; *The British National Council for Combating Venereal Diseases*, January, 1917; *What England is Doing for the Venereally Diseased*, April, 1917; *What Great Britain is Accomplishing*, July, 1917.

if there was a good prospect of their taking up the work voluntarily. Consequently a working arrangement was made with the National Council for Combating Venereal Diseases, and whenever the Local Government Board notifies the National Council that provision for treatment is delayed in a certain municipality, the National Council then takes action.

Agents of the Council visit the municipality or borough, interview important citizens and hospital subscribers, organize mass meetings, and secure publicity.

In some municipalities it was found that the hospital trustees feared to establish a clinic for venereal diseases on the ground that their local hospital subscribers would not continue their subscriptions. In order to prevent this action, agents of the Council visit a considerable number of the hospital subscribers, interest them in the work of preventing venereal diseases, and in some instances have held meetings of the subscribers where resolutions have been passed stating that they would not continue their subscriptions unless the hospital would undertake treatment of venereal disease. It is found that in some instances the health officer is opposed to the treatment centers notwithstanding all the pressure that is brought to bear upon him. In one city in England, notwithstanding the opposition of the health officer, various meetings were held and the hospital authorities determined to provide for the treatment.

Another cause of delay is due to the fact that in some hospitals there is not sufficient available space for treating ward patients and the out-patient departments are so overcrowded that no additional special class of patients can be handled and it has not been possible for the hospital trustees to secure the necessary funds at the present time for the necessary capital expenditure. Arrangement has therefore been made permitting the county council or municipality to advance the funds to the hospital after an investigation and recommendation has been made by the Local Government Board to that county council or municipal council. These capital advances are then repaid by the hospital in installments over a period of years.

Very successful work has been done in Portsmouth, Liverpool, London, and in the Newcastle District, and there are now adequate facilities for providing treatment for any case of venereal disease occurring in these districts. In one of these districts over four thousand cases have been treated in hospital and dispensary up to June, 1917. In some districts the cities are the only places where there are sufficient hospital facilities to provide treatment, and in the schemes approved by the Local Government Board adjacent boroughs are allowed to enter into the city scheme, with the expectation that in the future the neighboring boroughs will organize their own treatment centers.

Venereal disease is now recognized by the public as a communicable disease and it is realized that it must be treated as such. Editorials have appeared in the daily press and speeches have been made on the subject of venereal disease in the House of Commons. In May, 1917, Parliament enacted a law entitled the Venereal Diseases Act. This law makes it illegal for anyone other than a duly qualified medical practitioner to treat venereal diseases.* It forbids the use of any advertisement or public notice by any person whomsoever offering to treat these diseases. The Act also prohibits the sale or the advertisement or the offering for sale of any proprietary medicine, chemical, or other ingredient, for the treatment of these diseases.

Efforts are being made to call the attention of mothers of the newly born to the dangers of these diseases, and the Mayor of Liverpool at a public meeting in London stated that all the midwives at Liverpool were instructed to report to the local health officer the name and address of any child or mother who they thought showed evidence of venereal disease. The diagnosticians were then sent to examine the patient and, if the assumption of the midwife was found to be correct, treatment was provided.

During the investigations of the Royal Commission on Venereal Diseases many efforts were made to ascertain the number of persons affected with venereal disease. The only local figures which were believed to be accurate were those obtained

from the records of the British Army. It has been the policy of the British Army to take into the hospitals for treatment every soldier affected with one of these diseases and the total number of cases treated and the proportion of cases admitted to hospital have been published in the annual reports of the War Office. The reports of the health of the army in peace times in Great Britain show that there was a constant diminution in the number of admissions per thousand troops every year from 1905 to 1914. During this period the average number of troops in Great Britain was approximately one hundred thousand. During the past three years the number of troops in England has enormously increased, and notwithstanding this increase in the military population, the number of admissions per thousand troops to hospital has constantly diminished. It is interesting to note that the lowest admission rate in any military command in England is at Aldershot where there are abundant facilities for healthy recreation—swimming pools, gymnasiums, cricket, and so on. The admission rate at Aldershot is less than one-third the admission rate for London, where no such opportunities for outdoor amusement are available.

The diminished rate in the British Army is quite in contrast to what has been surmised by those of us in this country who have been interested in the subject of venereal diseases. Rumors have gone about that these diseases were markedly increasing in England and that huge special hospitals had been established in France for the treatment of officers and soldiers who had become infected.

It is not only true that the proportion of cases has diminished in England, but also the proportion of cases in the British Army in France is less than one-half the proportion that exists in the home army. On the other hand, it is true that the actual number of cases is greater and it is true that there are large hospitals in France for the treatment of cases of these diseases occurring among the British troops. But, considering the enormous number of soldiers, the admission rate to venereal disease hospitals in France is as low as the admission rate to hospitals for the same diseases in the United States Army.

An earnest endeavor has been made, not only by the medical service of the British Army, but also by the National Council for Combating Venereal Diseases to give instruction to all recruits and young soldiers in cantonments. A large number of lecturers are constantly visiting the camps and in simple language and popular form advising the soldiers of the dangers which may result if they become infected with one of these diseases. Lectures are also given by the officers of the medical service.²

The development of venereal disease in a soldier is not a punishable offense, as it is in our army, but the commanding officer specifies in general orders that for a soldier to acquire such a disease is contrary to good conduct and he issues an order requiring every soldier who may be affected with one of these diseases to report promptly to the medical officer for treatment, and if he fails to report, punishment may be meted out.

The medical officer of every unit is charged with the duty of providing early treatment for every soldier who applies for it.

There has been a somewhat higher proportion of cases of venereal disease among the colonial troops than exists in the British Army. This I believe to be due primarily to two reasons. The exposure to infection most frequently occurs while the soldiers are on leave and the colonial troops receive a dollar a day while the English soldier receives only one shilling. Consequently the colonial soldiers have more money to spend. This fact seems to be appreciated by the feminine population in the cities of England. The second reason is that the British soldier when he returns on leave is able to go to his own home and temptation is not so great as in the case of the colonial troops who have no particular place to go.

Leaves are usually granted for a period of one week, and the medical service of one army, realizing that the cities of England were the greatest source of danger to the men, proposed

² Volunteer organizations have also done valuable educational work both by the preparation and circulation of pamphlets of information and by providing lecturers. Among such organizations are the Liverpool Medical Institute and the Alliance of Honour.

a new plan of treatment. With the consent of the higher authorities, permission was secured to establish a viséing office in London and every man was required to report at this office within twenty-four hours after his arrival. When the man reports to have his pass viséed, inquiry is made as to the possibility of infection and prophylactic treatment given if necessary. A soldier may at any time be requested to show his pass to one of the military police, and if his pass is not properly viséed, he is put under arrest and immediately returned to his command in France. This method has very largely reduced the percentage of infections in this army. The older procedure of regulation has not been found successful and every effort is made to have the soldiers report promptly, and every facility provided for giving immediate prophylactic treatment.

As a result of my investigations, I feel sure that in the interests of our American soldiers adequate facilities should be provided in all cantonments for healthy outdoor amusements, that popular lectures should be given to the soldiers to instruct them in the dangers of venereal disease, and that a sufficient equipment and proper personnel should be stationed at each cantonment in the United States and France to give early prophylactic treatment.

THE CONTROL OF VENEREAL DISEASES¹

GORDON BATES

Captain C. A. M. C., Officer in Charge, Venereal Section, Base Hospital, Toronto

The question of the control of venereal disease is so large that it is difficult to attempt to deal with it in a brief paper. One may roughly resolve it into two topics, namely, the control of prostitution and the control of venereal disease itself. Both of these are perfectly legitimate public health fields.

One cannot but feel that in regard to these subjects we are hampered by our ignorance of both their extent and seriousness. I am unable to find any extensive Canadian statistics as to the prevalence of prostitution and only lately has the work of a few investigators using the Wassermann reaction given us the idea that in dealing with venereal diseases we are attempting to solve a problem of extreme gravity.

With the idea of arriving at some conception of the sort of situation before us we have lately instituted at the Base Hospital, in addition to a medical case sheet, a social case sheet for the investigation of venereal cases. It is obvious that if we are ever going to deal with these subjects as questions of public significance of the same variety as poverty, child-labor or any other cause of disease, inefficiency or social misery of any sort, some such method of obtaining exact information must be undertaken.

Since this method of history-taking has just commenced, I am only able to report the result of the examination of 100 cases. Since, however, venereal admissions to the Base Hospital are approximately 1500 yearly, probably a more comprehensive report will be possible next year. The method of case-taking is simply to ask each venereally infected man a definite series of

¹ Read before the Ontario Medical Health Officers' Association. May 29, 1917.

questions in regard to matters in connection with his infection which are felt to be significant.

Briefly our results are as follows:—

Sources of Infection

89 men were infected through illicit sexual intercourse.

11 men were apparently infected by their wives.

59 infections took place in Toronto.

30 infections took place outside.

The outside places included Hamilton, Brantford, St. Catharines, Orillia, Barrie, Collingwood, London, Montreal, and a number of smaller places.

With the idea of obtaining the coöperation of the police or other authorities, the exact name and address of the woman acting as a source of infection was asked and in not a few cases obtained.

Among 93 women from whom infection was contracted the age varied from 16 to 34.

17 women were estimated to be 18 years of age.

70 were between the ages of 18 and 25.

In 16 cases (in spite of prohibition) either one or both parties had indulged in alcohol.

Payment rendered

The following details as to payment rendered were secured:—

42 men paid actual cash. The amount varied from \$1.00 to \$15.00. The usual price was \$2.00.

18 men provided a meal as payment. The price of this varied from 50 cents to \$5.00.

2 men made presents of clothes or other articles.

22 men paid nothing whatever.

Place of Infection

In 9 cases infection had taken place definitely in a house of prostitution. In only two instances was this true in Toronto.

In 31 cases the men had gone home to the girls' boarding houses.

In 30 cases infection had taken place outside.

In 12 cases the man and woman had gone to a hotel and registered as man and wife.

In 20 cases they had gone to strange rooming houses.

Occupation of Woman

An attempt was made to find the occupation of the infecting woman. This was difficult as in many cases no information regarding occupation was forthcoming.

41 had gainful occupations or means of support in addition to prostitution.

9 were definitely prostitutes.

From 39 no information could be obtained.

64 women were single.

1 was a widow.

7 were married.

21 unknown.

As to the married or single state of the infected men we have no record, as it was felt that the fact that enlisted men are a special class would impair the value of such a record.

So much for the information obtained from the social case sheets. As to the amount of venereal disease in the community—rural and urban Ontario—we can only guess.

As I have said, the admissions to the Base Hospital are approximately 1500 per year. In the Toronto General Hospital, Wassermanns done by Dr. Detweiler prove that for the first three months of 1917 12 per cent of all public ward patients gave a positive Wassermann reaction. By such means 238 new syphilitic cases were discovered. This is at the rate of 952 cases yearly. I need not remind you in this connection that gonorrhea is perhaps six times as prevalent as syphilis.

Questions one is inclined to ask oneself are these: If in one general hospital nearly 1000 syphilitics (two-thirds of them

previously undiagnosed) are discovered in a year, how many (treated and untreated) are there in the community outside the hospital?

If in a military district through which troops are passing and in which the average number of troops is certainly less than 10,000, 1500 venereal cases (mostly fresh) arise—again in what state of health, so far as venereal diseases are concerned, is the community at large?

Fifteen hundred soldiers infected means approximately 1500 women from whom they received their infections and in dealing with soldiers we are dealing only with one class of the males. We cannot doubt that similar conditions exist elsewhere.

The medical results of such conditions are found in the facts that 25 per cent of the male admissions to Toronto Hospital for the Insane in a year are suffering from general paresis and in the large number of other final results of gonorrhea and syphilis which play a large part in keeping up the population of our hospitals and asylums. I need not go into that subject on this occasion. The social results connected with the expense of disease, the death or incapacity of the bread-winners of families,—these results are just as serious. The question for us to face is whether we are going to permit this condition of affairs to continue when it is possible to eradicate venereal diseases just as it is possible to stamp out typhoid fever or malaria.

As to the means to be adopted, I would suggest first a broad and energetic scheme of public education. Lectures, pamphlets, moving-pictures—anything is commendable which will destroy the ostrich-like attitude of the public and even many physicians—the attitude which is exemplified by the fact that it is impossible to show either the dramatic or film version of “Damaged Goods” in Ontario.

Some system of investigation of the sordid facts of prostitution in our midst would be of value if widely adopted, but the facts should be given wide publicity. The truth in regard to venereal disease will eventually rouse the public to a realization of the fact that low wages, the lonely boarding house, poor education,

and late marriage in men and women are causal social factors which eventually they hold it in their power to remedy.

From the purely medical standpoint we must look forward to the time (I hope not far away) when the reporting of venereal disease is practicable. Both from the statistical standpoint and the standpoint of control this is important as in any other communicable disease. It will come when public education has advanced sufficiently.

Early and free diagnosis, especially the dark-field microscopic examination and the Wassermann reaction, should be possible for every patient and I am glad to know that within the past few weeks the Provincial Board of Health has arranged for free Wassermanns in Ontario. The free treatment of all venereal disease should also be available and it should be possible to isolate or quarantine infective cases which refuse treatment.

The issuing of instruction cards to all patients, laws against the treatment of venereal disease by quacks or druggists, and the elimination of newspaper advertising by so-called specialists, better control of the feeble-minded, and, because it is practicable, treatment of all infected soldiers before they are discharged from the army, seem to be problems immediately before us. These and others are no less capable of solution because they are new, or less worthy because their solving means so great an advance in the health and welfare of the community at large.

THE DOCTOR AND THE WAR¹

It is the duty of the doctor in the military service to aid his commanding general in every way possible to defeat the enemy. He fulfils this duty in many ways. He must take care of the wounded, restoring them as rapidly as possible to the fighting line. Similarly he must take care of the sick. More important than either of these is the duty of preventing men from getting sick. The greatest cause of sickness reported in the average sick report of military forces is venereal disease, and the average period of sickness from these diseases is longer than that for any other group of preventable diseases, so you can readily see how important this problem is to the medical men of the military establishment. The organisms causing these diseases are known, together with all the other facts which are essential to their control, but only a beginning has been made in combating them because the public has not understood and been willing to apply the scientific knowledge which is at hand.

I think every one who is engaged in sanitation appreciates that the principle of success lies in getting the people concerned to coöperate with him and give him their support. For more than twenty years of my professional life, I have been engaged in fighting communicable diseases on this principle, and to me it is more obviously essential in attacking the venereal diseases and vice than in any of the other evils which I have been called upon to fight. There now seems to be an opportunity to secure the coöperation of the people and if we can apply measures of prevention in the same practical way in which we have dealt with yellow fever and malaria and other diseases and can teach the people how the venereal diseases are contracted and how infected persons should be treated, you can see what great possibilities there are for their control.

It is a very strong appeal to patriotism now to point out the fact that the greatest injury any soldier can do our country is to voluntarily contract a disease which will take him from the fighting line for a number of weeks or for even a longer period of time. Both the army and the people want to help the soldier to avoid this injury to himself and the cause in which he is enlisted.

I am impressed strongly from my recollections of boyhood that the average boy from fourteen or fifteen years of age wants to do what he believes to be the manly and proper thing to do. Now, with sexual intercourse, I am inclined to think that a very great motive with the soldier is that very motive of wanting to appear manly and of thinking that it is the proper thing from a manly standpoint. We know that sexual intercourse is not necessary to health and that if we can make the soldier understand this and can keep him busy with both work and recreation which thoroughly interest him, he will not find it difficult to control his conduct in this regard.

As I have said, it is the purpose of all the medical military establishment to direct its efforts toward keeping as many men as possible for as long a time as possible in the fighting force. Obviously, therefore, the medical department of the army is deeply concerned in every effort of education, recreation, law enforcement, and treatment which will reduce the non-effective rate of venereal diseases. These four lines of attack constitute the basis for the program in combating these diseases which will be carried out by the Army. It is hoped that the civil authorities will simultaneously place the same program in operation. By successful coöperation, important results will be achieved.

MAJOR GENERAL WILLIAM C. GORGAS,
Surgeon General of the United States Army.

¹ Extract from address before a public audience of citizens and soldiers, National Theater, Washington, D. C., Sunday, September 16, 1917.

RECENT PROGRESS IN NEW YORK'S VENEREAL DISEASE CAMPAIGN

LOUIS CHARGIN, M.D.

Chief, Division Venereal Diseases, Department of Health, City of New York

With the introduction, in 1912, of the Department's regulations covering the venereal diseases, a new and important activity in public health was inaugurated in the city of New York. This comparatively untrodden field presented many difficult and unusual problems and it was recognized early that progress would necessarily be slow. The sex diseases for centuries had been, if not entirely evaded, dealt with very meagerly by both the profession and the public. One of the principal difficulties encountered in dealing with this entire problem was the fact that it required a complete reversal of a viewpoint long held by the laity and indeed by a large portion of the medical profession as well. Now that it is generally accepted that venereal diseases should be classed and dealt with exactly as is any other group of communicable diseases, greater and more rapid strides are certain to follow.

Nowhere in public health is the coöperative assistance of the hospital, the dispensary, and the laboratory of greater utility than in these diseases. Successfully to combat them the earnest coördination of these agencies is essential and yet it is precisely here that difficulties have been met in this city.

A few years ago, in order to provide systematic treatment for the venereally infected, the Department sought to establish community clinics. It was demonstrated at that time that the existing facilities were inadequate to cope with the situation but the required funds were not appropriated by the City Board of Estimate and Apportionment and accordingly the Department was compelled to fall back upon dispensaries conducted by private enterprise.

In order that there should be some uniform standard maintained, the genito-urinary section of the Associated Out-Patient Clinics, at the Department's request, prepared an outline of the necessary requirements for a properly conducted venereal disease clinic and the Department, by repeated publication, took steps to make these regulations known to all concerned, in the hope that these regulations would be universally adopted and lived up to. But despite the numerous efforts in this direction, two separate and distinct surveys, undertaken in 1916 and 1917 have revealed that there are not as many as a score in a total of about forty clinics that measure up to the required standard.

It became perfectly evident that nothing could be gained by further delay and, in view of the importance of the matter, definite action became imperative. The Department is charged with the control of communicable diseases by whatever means seems necessary and it would be derelict in its duties if some measures were not taken to remedy the dispensary situation. Accordingly, the Board of Health at the June, 1917, meeting determined upon and adopted the following resolution:—

Resolved that Article 12 of the Sanitary Code be and is hereby amended by adding thereto a new section to be known as Section 223.

Section 223, Dispensaries, communicable diseases: Regulation. No public dispensary, where communicable diseases are treated or diagnosed shall be conducted or maintained otherwise than in accordance with the regulation of the Board of Health.

Under this section the Department expects to compel dispensaries either to maintain the standard regulations set, or to abandon the treatment of the venereally diseased. If it is found that there is an insufficient number of properly equipped and managed clinics the Department has in mind to recommend anew the establishing of municipal clinics conducted entirely by the Department.

A special committee was appointed for the purpose of suitably altering the regulations of the Associated Out-Patient Clinics. After due deliberation, this committee recommended the following which were accepted by the Board of Health:—

Resolved: That the following Regulations Governing the Conduct and Maintenance of Dispensaries Wherein Human Beings Affected with Syphilis or Gonorrhea are Treated or Cared For, and relating to Section 223 of the Sanitary Code, be and the same are hereby adopted:—

A

SYPHILIS

Regulation 1. TREATMENT OF SYPHILIS: SPECIAL DEPARTMENT. The treatment of syphilis, whatever its manifestations, shall be conducted in a special department maintained for such purposes or in the department for dermatology connected with the dispensary or hospital. Provided, however, when the nature of the part affected, such as the eye, throat, viscera, etc., necessitates treatment in some other department of the dispensary, treatment may be given jointly by the two departments.

Regulation 2. MICROSCOPICAL EXAMINATION REQUIRED. Every department for the treatment of syphilis shall make microscopical examinations of all suspected lesions.

Regulation 3. WASSERMANN TESTS. Laboratory facilities for making Wassermann tests should be provided in every dispensary. If such laboratory facilities are not so provided, provision shall be made for the prompt delivery of specimens to the Department of Health or other approved laboratories where such tests are made.

Regulation 4. NUMBER OF PATIENTS TO BE TREATED. The number of patients to be treated at a dispensary shall be regulated by the number of physicians in attendance and the equipment and facilities provided in the dispensary. The maximum number of patients treated by a physician shall not exceed ten (10) per hour.

Regulation 5. SALVARSAN OR ITS ANALOGUES TO BE ADMINISTERED. In view of the fact that the obligation to render a person affected with an infectious disease innocuous at the earliest possible moment rests on the institution to which the patient has applied for treatment, salvarsan or its analogues, in sufficient quantities and at proper intervals, shall be administered with the addition of mercury or other accepted means of treatment to all cases of syphilis.

Regulation 6. RECORDS. A complete and adequate record shall be kept of every case of syphilis treated at a dispensary. Such records shall not be open to inspection by the public or to any person other than the representatives of the Department of Health of the city of New York and such persons as may be authorized by law to inspect such records.

Regulation 7. FOLLOW-UP SYSTEM. A follow-up system, approved by the Department of Health, to secure regular attendance by patients shall be established and maintained.

Regulation 8. PROCEDURE GOVERNING THE DISCHARGE OF PATIENTS. A standard procedure governing the discharge of patients shall be followed. Such standard shall embrace suitable tests and subsequent persistent observations.

B

GONORRHOEA

Regulation 1. MICROSCOPICAL EXAMINATION REQUIRED. Systematic microscopical examinations of all discharges shall be made in every department of a dispensary wherein persons affected with gonorrhoea are treated and cared for.

Regulation 2. FACILITIES TO BE PROVIDED. Every department of a dispensary wherein persons affected with gonorrhoea are treated or cared for shall be provided with and employ proper facilities for asepsis and antisepsis.

Regulation 3. URETHROSCOPIC AND CYSTOSCOPIC WORK TO BE PERFORMED. Every dispensary shall be provided with facilities for urethroscopic and cystoscopic work and such facilities shall be regularly employed by the physicians in attendance.

Regulation 4. COMPLEMENT FIXATION TEST TO BE PERFORMED. Every such dispensary should be provided with the facilities for making a complement fixation test for gonorrhoea. If such facilities be not provided at the dispensary, proper provision shall be made for the prompt delivery of specimens to the Department of Health or other approved laboratories where such tests are made.

Regulation 5. NUMBER OF PATIENTS TO BE TREATED. The number of patients to be treated at a dispensary shall be regulated by the number of physicians in attendance and the equipment and facilities provided in the dispensary. The maximum number of patients treated by a physician shall not exceed ten (10) per hour.

Regulation 6. RECORDS. A complete and adequate record shall be kept of every case of gonorrhoea treated at the dispensary. Such records shall not be open to inspection by the public or any person other than the representatives of the Department of Health of the city of New York and such persons as may be authorized by law to inspect such records.

Regulation 7. PROCEDURE GOVERNING THE DISCHARGE OF PATIENTS. A standard procedure governing the discharge of patients shall be followed. Such standard shall embrace suitable tests and subsequent persistent observations.

Regulation 8. DISPENSARIES TO BE OPEN AT LEAST THREE (3) DAYS A WEEK. Dispensaries shall be open at least three (3) days a week.

It will be seen that these regulations, while fairly comprehensive, are at the same time eminently just. There is not a single item that could be dispensed with, without defeating the purpose in view. They embrace such requirements as any well conducted clinic should conform to. A few words of comment may be permitted upon the regulation requiring a follow-up system. This perhaps will prove to be one of the greatest burdens added to the clinic; but it is not insurmountable. It need not necessarily involve a large financial outlay. Without entering into an analysis of the causes, it is a fact, that one of the

greatest difficulties experienced in the venereal dispensary is to obtain regular and continued attendance on the part of the patients. It is equally a fact that but few clinics make systematic efforts to insure such attendance. The greater certainty with which cure may be expected when cases are taken in hand early and treatment persisted in over a sufficiently prolonged period makes it desirable for exceptional efforts to be made in this direction. It is clear that unless a follow-up system was made a requirement, the regulations would be lacking in an essential detail. No particular plan is specified—that being left to the individual clinic management to work out—though it is required that such system be acceptable to the Department. The arrangement so successfully put in operation at the Brooklyn Hospital Dispensary is inexpensive and perfectly acceptable.

The supervision of private laboratories, especially where tests for communicable diseases are performed is certainly a legitimate function of public health officials. The importance of properly performed and accurate laboratory examinations is too obvious to require comment. It is a known fact that there are altogether too many variations in the Wassermann technique and reagents used to obtain fairly uniform results. Some degree of uniformity ought to be obtained though a single technique or reagent may not be agreed upon. Experience has shown that if fairly accurate results are to be expected, a check on laboratories will have to be maintained. These considerations have led the Department to the belief that supervision of laboratories is imperative and accordingly a regulation requiring a permit to operate has been introduced. Rules and regulations for the conduct of privately controlled laboratories have been formulated and the Sanitary Code amended by the addition of Section 105.

Section 105. DIAGNOSTIC LABORATORIES REGULATED. No laboratory offering facilities for the diagnosis of communicable diseases shall be conducted or maintained in the City of New York without a permit therefor issued by the Board of Health or otherwise than in accordance with the Regulations of the said Board.

RULES AND REGULATIONS GOVERNING THE CONDUCT AND MAINTENANCE OF LABORATORIES

Resolved that the following Regulations Governing the Conduct and Maintenance of Laboratories Offering Facilities for the Diagnosis of Communicable Disease be and the same are hereby adopted to read as follows:—

Regulation 1. APPLICATIONS. Applications for permits to conduct and maintain laboratories offering facilities for the diagnosis of communicable disease shall be made by the person in charge of the laboratory upon official application blanks furnished by the Department of Health.

Regulation 2. A DULY QUALIFIED PERSON TO BE IN CHARGE. The person in charge of the laboratory shall be a duly licensed physician or a person whose qualifications are satisfactory to the Department of Health.

Regulation 3. SPECIMENS TO BE NUMBERED. Every specimen received at the laboratory for the purpose of determining the presence of communicable disease shall be numbered and so designated as to definitely establish the identity of each particular specimen.

Regulation 4. REGISTER TO BE KEPT. The person in charge shall cause a register to be kept wherein shall be entered the following information:—

a. The laboratory number and date of the receipt of every specimen to be tested to determine the presence of communicable disease.

b. The name of the physician submitting the specimen.

c. The result of the laboratory test.

d. The name of the person to whom the report of the result of the test was forwarded.

Regulation 5. EQUIPMENT. The laboratory shall be equipped with adequate facilities to properly perform such tests of specimens as the laboratory undertakes to make.

Regulation 6. METHODS. The methods employed shall be such as are generally recognized as effective.

These regulations will serve not merely to supervise the laboratories but will furnish an additional source through which reports of communicable diseases will reach the department, making more effective control possible.

Of great value in bringing about efficient administrative control of venereal diseases is the State Law recently enacted and to take effect September 1, 1917, regarding venereal disease advertisements. The misrepresentation practiced by quacks and nostrum manufacturers constituted one of the chief obstacles encountered by health authorities in dealing with venereal diseases. This state is to be congratulated upon the passage of so pro-

gressive a measure from which much good is certain to result. It reads:—

1142 a Advertisements relating to certain diseases prohibited. Whoever publishes, delivers or distributes or causes to be published, delivered or distributed in any manner whatsoever an advertisement concerning a venereal disease, lost manhood, lost vitality, impotency, sexual weakness, seminal emissions, varicocele, self abuse or excessive sexual indulgences and calling attention to a medicine, article or preparation that may be used therefor or to a person or persons from whom or an office or place at which information, treatment or advice relating to such disease, infirmity, habit or condition may be obtained, is guilty of a misdemeanor and upon conviction thereof shall be punished by imprisonment for not more than six months, or by a fine of not less than fifty dollars nor more than five hundred dollars, or by both such fine and imprisonment. This section, however, shall not apply to didactic or scientific treatises which do not advertise or call attention to any person or persons from whom or any office or place at which information, treatment or advice may be obtained nor shall it apply to advertisements or notices issued by an incorporated hospital or a licensed dispensary or by a municipal board or department of health or by the department of health of the state of New York.

It will be noted that while this provision strikes at quacks and nostrum manufacturers, it scrupulously avoids interfering with legitimate medical activities.

Another state measure placed upon the statute books and destined to prove of some importance is the recently passed amendment to the Domestic Relations Law. While not as comprehensive in scope nor likely to prove as effective as is theoretically possible in the application of the much advertised Wisconsin "Eugenic Marriage Law" it still is sufficiently so to make its beneficial influence felt. This law requires that an individual applying for license to marry must testify to the following effect:—

I have not to my knowledge been infected with any venereal disease, or if I have been so infected within five years I have had a laboratory test within that period which shows that I am now free from infection from any such disease.

This provision offers no certain safeguard to the public. It will not deter the unscrupulous from practicing perjury but it is certain to prove of immense educational value.

Early in the Department's venereal campaign, cards of instruction and circulars of information were prepared for distri-

bution to applicants at the medical adviser's office. Occasion was taken some time ago to offer these for distribution at the dispensaries operated throughout the city. While nearly all clinics signified their willingness to assist, we have reason to believe that but few have actually kept their promise. It is felt that if such circulars could be distributed to each and every one of the infected individuals, it would prove of great benefit from the educational, curative, and prophylactic standpoints, and the Department has amended section 88 of the Sanitary Code making it mandatory upon physicians to issue approved circulars to all venereally infected patients. This amendment reads as follows:—

It shall be the duty of every physician to furnish and deliver to every person found by such physician to be affected with syphilis or gonorrhoea a circular of instruction and advice, issued or approved by the Department of Health of the city of New York, and to instruct such persons as to the precautions to be taken in order to prevent the communication of the disease to others. No person affected with syphilis or gonorrhoea shall, by a negligent act, cause, contribute, etc., or promote the spread of such diseases.

It is proposed to offer the Department circulars freely to the practitioner, hospital, and dispensary for distribution—other circulars, approved by the department, may of course be substituted—and it is hoped that the coöperation of the profession in this city will be obtained.

These are the recent steps that have been taken in the city and state of New York in the matter of venereal diseases. It is a source of gratification that we are enabled to register such progress in so difficult a field in so short a space of time. The Department is not seeking to add a single burden to the profession but wishes to leave nothing undone which will be of service in controlling this formidable group of communicable diseases.

Briefly, therefore, we may say that the policy of the Department of Health, New York City, is to treat the control of venereal diseases upon the same principles which have proved effective in diminishing the incidence of all the other controllable communicable diseases. Notification is compulsory, and is being more and more generally complied with. Diagnostic

facilities are provided free at the laboratory, and at the advisory clinics of the Department of Health. Fraudulent diagnosis and offers of service are checked by limiting public advertisement, and by regulating private diagnostic laboratories. Dispensary treatment, at present but ill provided, is not under direct department control, but the dispensaries which do not provide adequate diagnostic, therapeutic, and follow-up service will be discontinued, and if necessary their places filled by dispensaries operated by the Department of Health, or by some other municipal department, as the Department of Charities or the Department of Bellevue and Allied Hospitals.

Quack medicines and "medicine men" are now for the first time stripped of their greatest asset, the public press advertisements.

Education follows and accompanies administrative measures for control. Lectures, leaflets, and exhibits are used to supplement the direct personal teaching at the advisory clinics, and the attention which the law demands on the subject from those applying for marriage licenses. Especial duty is imposed upon the physician in his private office or at the hospital and dispensary to put into the hands of the patient a clear statement upon the diseases, so that he may avoid spreading the disease further.

One phase of control of importance, but not a subject for extended publicity, is the power of the Board of Health, in addition to the authority indicated in the enactment of the foregoing sections of the Sanitary Code, to remove and detain, by force if necessary, patients suffering from venereal disease in communicable form, who are unable or unwilling to observe precautions necessary for public safety. The Department now has a hospital building with sixty beds, built and equipped for this particular purpose, and patients have already been detained by the department under the authority of the Board of Health above mentioned.

The present facilities for the free treatment of ambulatory and bed patients, male or female, with syphilis and gonorrhoea, are absurdly inadequate. This defect in our equipment for the

campaign upon which we are already launched must be corrected by private or public endowment before we can say we have the means to use the almost complete information for the control and ultimate elimination of these diseases which science has put into our hands to use.

WHAT SOME COMMUNITIES OF THE WEST AND SOUTHWEST HAVE DONE FOR THE PROTECTION OF MORALS AND HEALTH OF SOLDIERS AND SAILORS

BASCOM JOHNSON

Attorney, The American Social Hygiene Association

When Congress passed the act providing for the National Army, May 18, 1917, there was written into it in sections twelve and thirteen a brand new policy for the military forces of the United States. The national government by this act announced that alcohol and prostitution which had theretofore been regarded or largely tacitly recognized as necessary evils in connection with army life were no longer to be tolerated; that a government which drafted its young men to fight and perhaps die for it could not longer permit them to be surrounded by crude and vicious influences from which many would return home maimed in body and soul. These provisions of the act were received with astonishment and incredulity by many communities which were familiar with army life. This act was promptly followed up by Secretary of War Baker's letter to the governors of all the states.¹ This letter called for the coöperation of the communities within each state where camps were located in carrying out the purpose of Congress. It was stated, however, that as a last resort, the camps would be moved from those communities where clean conditions could not be obtained. A similar position was taken by Secretary of the Navy Daniels.

Although this matter was given considerable publicity there were large sections of the public who could not understand that a serious attempt would be made to enforce this law. It fell to the lot of the Commission on Training Camp Activities, appointed by Secretary Baker soon after the war started, to com-

¹ See *Social Hygiene and the War* by William F. Snow, M.D., in *SOCIAL HYGIENE*, vol. iii, no. 3, July, 1917, for this letter and other documents.

plete the conversion of these communities. This conversion is still going on and will perhaps need to go on more or less continuously during the war.

This article is a fragmentary account of what some communities which were quick to grasp the patriotic appeal which underlies this national policy have already done, or are doing to better these conditions. Not all the conversion has been confined to the communities, however; there were some army officers converted. I have in mind at least one city that I personally visited for the Commission where the tables were completely turned. This city had abolished its red light district some years before and, like the many other cities that have come into the column of such self-respecting communities in the last six years, it had no desire to return to the old regime.

It was reported to the mayor of this city by one of the city's best known and respected citizens that the army officer commanding the camp nearby had stated publicly at a luncheon at which this citizen was present that he was strongly in favor of the reestablishment of a red light district within this city—that in fact he was determined to have it if he had to establish martial law to get it, or as a last resource he would recommend the removal of the camp from the neighborhood of that city.

Although the mayor was at that very time negotiating for a municipal loan to meet some of the city's pressing obligations and although everyone regarded the permanent location of this camp as a financial godsend to the city, the mayor sent the following telegram to the authorities at Washington:—

.....1917.

HON. NEWTON D. BAKER,
Secretary of War,
Washington, D. C.

It is currently rumored here that effort will be made to secure reopening of red light district in and that such effort will have the sympathy, if not the approval, of officers of the army who are here.

On behalf of the city government of and especially on my own authority as mayor, I wish to emphatically state that the people here do not want an open red light district and will not now tolerate it. The policy of suppression of houses of prostitution was put into effect in this city in by me as mayor. Since that time I have been nominated and elected to

. . . . additional terms and I am now serving my term. The red light district question has been fought out in every one of these campaigns.

Will you kindly advise whether your department is back of any suggested or reported endorsement of a plan to suggest or request the opening of red light district, in order to accommodate the soldiers of United States Army. The people of and the state of are standing by the president and his administration; our young men are enlisting for army and navy service, and our people are anxious to do everything possible in assisting the army in every way, but I respectfully protest against any effort being made to change 's policy with reference to the handling of houses of prostitution.

I respectfully submit that the awful experience with venereal diseases of the armies in Europe in the present war should be an object lesson constraining the United States to adopt a vigorous, sane and efficient policy of enlightenment of the men in the army and navy as to the possible far-reaching, disastrous effects to them of contamination by venereal diseases.

.....Mayor.

In a few days the mayor received the following reassuring reply:—

Washington, D. C.
.....1917.

Mayor

Your telegram indicates that you believe you have information to the effect that efforts to reopen red light district in have the sympathy and approval of army officers on duty at training camp. War Department need not assure you matter of police regulations is one with which army never interferes.

If you have any information tending to show that any officer of the army has expressed sympathy or approval, or has in any way encouraged reopening of red light district, your duty to the government will undoubtedly prompt you to submit that evidence to the War Department.

.....

On the very day that the mayor sent his telegram, the army officer in question decided to issue a public statement to the press denying flatly that he was advocating the establishment of such a district near the camp.

Ever since this incident occurred there has been the utmost harmony and coöperation between the military and civilian officials at that city in all matters. In view of that fact the mayor told me he thought no good purpose could be served by furnishing the name of this army officer to the Washington authorities

or by indulging in any public discussion of the matter.² This officer is no longer at this particular post. He was and is a good soldier but he needed education, and he got it from an unexpected source, probably much to his astonishment.

Another city which I visited last May contained at that time one of the largest and worst red light districts in the country. Gambling houses were going full blast and there were a large number of assignation houses, disreputable hotels, and rooming houses outside the so-called segregated district. It should be said, however, that that part of the conscription act prohibiting the sale of liquor to soldiers received immediately in this city and in most cities that I visited the active support of the city officials and, in the great majority of cases, of the breweries and saloons. It is true there was here, and there probably will continue to be everywhere, considerable "bootlegging," that is the selling or furnishing of liquor to soldiers "from the hip" by tramps and other irresponsible characters. This traffic is being met by drastic legal action and is already considerably reduced. It will remain a source of considerable trouble, in "wet" states at least, until the law prohibiting it is materially strengthened.

This city had had an army post for years. It had grown used to drunken soldiers and to seeing its red light district filled with them. A number of its short-sighted politicians and business men were convinced that that kind of thing was good for business and made for general prosperity. Furthermore, there was considerable ground for the belief of the citizens of that city that some at least of the higher officers in the army who had been located at that post believed in a wide open town and would be sorry to see the lid clamped down.

It is hardly to be wondered at under these circumstances that this city was backward in cleaning up. When the citizens of the city learned—and some of them made a trip to Washington to make sure—that Secretary Baker meant just what he said, they began to change conditions promptly and cheerfully and this city, San Antonio, is today about as free from commercialized

² The name of this city is not given at the request of the mayor.

prostitution, gambling, and the selling of liquor to soldiers as any city of its size in the country. The most encouraging feature of this change is the fact that many of its most influential citizens are now glad of it. "We ought to have done it long ago," they said. "We all knew it, but we just needed a little pushing to make us do it." San Antonio is now learning the lesson so difficult for every city to learn, viz., that municipal housecleaning like domestic housecleaning is a job that is never finished; that eternal vigilance is the price of cleanliness as well as of liberty. But San Antonio, unlike so many cities which have instituted repressive measures, is not content to rest there. Some of its best doctors and a group of its socially-minded leading citizens are trying hard to devise ways and means to educate the parents and the young people of the city to the grave dangers to public health and morals resulting from lack of restraint in sex relations.

Furthermore an attempt will be made to locate every venereal disease carrier and to provide diagnosis and treatment at the earliest possible moment. By this method, which will include confidential treatment in the private offices of certain designated physicians at a charge which will be adjusted to the financial status of each patient, it is hoped to save to lives of usefulness certain misguided but not vicious girls and boys who have acquired disease and become thereby a public health menace. Many of this class have not been able heretofore to pay the office fees of competent physicians and have, therefore, faced physical ruin rather than the public disgrace which they imagined would follow their attending venereal clinics or the hospital. From this class the sex specialist quack has reaped a large harvest. These bloodsuckers rarely cure their patients and trade on the fear of exposure of the credulous.

In order that San Antonio's program of law enforcement, public health, and education shall receive the united support of its citizens this group has requested the federal government to assign one of its sanitary experts to set up the machinery for its operation. The chances are that this request will be granted, I am informed, providing a satisfactory adjustment of the limits of local and national authority can be worked out.

Another Texas city, El Paso, has cleaned up in the same way. All that was needed here, was the clear understanding by the officials that the War Department wanted this done. City officials are, after all, Americans; their boys are enlisting just as yours are; they have just as much of a stake in the country and often more than most people; many of them have bought large amounts of Liberty Bonds, and I have found them as a class even more responsive to the patriotic appeal than the average citizen. I find it necessary to say this because we have been taught in this country to regard with suspicion every man who seeks or occupies municipal office.

El Paso's moral problem, like that of San Antonio, was and is very greatly complicated by having a large Mexican population, many of whom are refugees. The red light district in El Paso was located in the Mexican quarter on the banks of the Rio Grande as near the Mexican border as possible. Many large new concrete houses were built last summer to accommodate the women who "mobilized" there with the National Guard. But many of the soldiers, I am reliably informed, preferred to adventure in the blind alleys and quaint, but filthy, courtyards in the Mexican quarter. There they continued to go in large numbers even after the red light district was closed early in June. It was not until the Commanding General, George Bell, in cooperation with the city authorities, established Overland Street as the boundary south of which no soldier could go that these conditions cleared up. When I last visited El Paso towards the end of July this order had been in effect about a month with good results. The reputable merchants south of Overland Street however had been protesting so vigorously against being punished for the sins of their neighbors that General Bell had just raised the embargo on two blocks of this district for a period of ten days on trial. In consideration of this clemency, these merchants agreed to help police the district and to institute a form of local self-government. By extending this plan, bit by bit, General Bell and the city authorities hope to make good citizens out of many who have heretofore proven refractory and discordant elements in the population.

There was still considerable "bootlegging" of liquor to soldiers when I recently visited El Paso, but the city council met on that day and agreed to strengthen their ordinances in an attempt to cover this situation as well as the problem of clandestine prostitution. There is, I am convinced, a genuine effort being made here to keep El Paso clean. This effort is all the more praiseworthy because El Paso has not the additional incentive that San Antonio has in the location of largely increased numbers of troops within its borders. This latter statement also applies to conditions at Douglas, Arizona, which is the headquarters of the Arizona district border patrol. There are some three or four thousand troops in this district, mostly cavalry, under General Greene. There is little or no prospect as far as any one knows of this number being materially increased. The probabilities are that it will be decreased. Yet Douglas completed on August first a sweeping clean-up in its municipal morals. On that date its red light district, an institution of long standing, was closed; a new chief of police was installed to insure a fair trial for the new policy; one member of the city council was forced out because of his reactionary actions and attitude on these questions; and new and stringent city ordinances on liquor, prostitution, and gambling in line with these new policies were put on the statute books. All this was done because General Greene and the representative of Secretary Baker's Commission on Training Camp Activities intimated to the city government that prostitution and alcohol were very much too easy of access to the troops.

As these ordinances may be helpful to other cities who desire to follow the patriotic example of Douglas, they are presented in full here. It must be remembered in connection with the liquor ordinance that Arizona is a dry state. This ordinance is, therefore, designed to give the city in its own courts the power to enforce an existing state policy. Heretofore all violations of the liquor laws have been tried in the county courts and, as seems to be inevitable in communities with separate city and county legal machinery, coöperation was not always complete and results were unsatisfactory. This ordinance is based on one that I am informed has worked out satisfactorily in Bisbee, Arizona.

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ORDINANCE 173

AN ORDINANCE CONCERNING THE SALE OR GIVING AWAY OF ANY ARDENT SPIRITS, ALE, BEER, WINE OR INTOXICATING LIQUORS OF ANY KIND WITHIN THE CITY OF DOUGLAS, COUNTY OF COCHISE, STATE OF ARIZONA; AND PROHIBITING THE KEEPING AND POSSESSION OF ANY SUCH LIQUORS IN PLACES OF PUBLIC RESORT IN SAID CITY

BE IT ORDAINED by the Common Council of the City of Douglas:

Section I

All persons are hereby prohibited from selling, exchanging, bartering or disposing of any ardent spirits, ale, beer, wine, or intoxicating liquors of any kind, to any persons, within the corporate limits of the City of Douglas; and all persons are hereby prohibited from giving away any such ardent spirits, ale, beer, wine or intoxicating liquors of any kind to any person within the corporate limits of the City of Douglas.

Section II

It shall be unlawful to keep or have, or permit to be kept, had or possessed in any hotel, boarding house, eating house, restaurant, pool or billiard hall, tobacco store, soft drink parlor, store of any kind, or any place of public resort, or in any cellar, closet, room or space connecting with any of the above named places for any purpose, any ardent spirits, ale, beer, wine or intoxicating liquor of any kind. The finding of such liquors in any of such places shall be prima facie evidence of the fact that the proprietor, or persons in charge of such place at the time of the finding thereof permitted such liquors to be kept on such premises; and all persons are prohibited from having on their persons, or in their possession, or from drinking any such liquor in any public place described herein, or in any public street, avenue, thoroughfare, alley or public park in the City of Douglas.

Section III

Every person who shall violate any provision of this ordinance shall be guilty of a misdemeanor and shall be punished by a fine of not less than \$25.00 and not more than \$300.00, or by imprisonment in the City Jail for not less than ten days nor more than three months, or by both such fine and imprisonment; and the liquors possessed in violation of this Ordinance shall be by the Court ordered destroyed.

Section IV

All ordinances or parts of ordinances in conflict herewith are hereby repealed.

Section V

WHEREAS, the immediate operation of this Ordinance is necessary for the preservation of the public peace, safety and health, an emergency is hereby declared to exist and this Ordinance shall be in full force and effect from and after its passage by the Common Council, approval by the Mayor, and after posting and publication required by law, and is hereby exempt from the operation of the Referendum provisions of Arizona pertaining to cities.

Passed and adopted by the Common Council of the City of Douglas, this 28th day of June, 1917.

ORDINANCE NUMBER 176

AN ORDINANCE PROHIBITING GAMBLING IN THE CITY OF DOUGLAS, ARIZONA

BE IT ORDAINED by the Common Council of the City of Douglas, Arizona:

Section I

It shall be unlawful for any person in the City of Douglas, Arizona, to deal, carry on or open, or cause to be opened, or to conduct, either as owner, proprietor or employee, whether for hire or not, any game of faro, monte, roulette, lasquet, rouge et noir, rondo, vingt-un or twenty-one, poker, stud poker, draw poker, bluff, fan tan, thaw, seven and one-half, chuck-a-luck, black jack, or any similar game whatsoever played with cards, dice, or any other device, or to operate or cause to be operated, any slot machine, or machine of like character, whether the same be played for money, checks, credits or any other representatives of value.

Section II

It shall be unlawful for any person in the City of Douglas, Arizona, to deal, carry on, or open or cause to be opened, or to conduct, either as owner, proprietor or employee, whether for hire or not, any banking or percentage game whatsoever, played with cards, dice or any other device, whether the same be played for money, checks, credits or any other representatives of value.

Section III

It shall be unlawful for any person, firm or corporation to conduct or carry on, or to allow to be carried on or conducted, in or upon any premises owned or controlled by him, it or them, any gaming or gambling, or any game or games of chance whatsoever, played for money, checks, credits or any other representatives of value.

Section IV

All ordinances and parts of ordinances in conflict herewith are hereby repealed.

Section V

Every person who shall violate any provision of this Ordinance shall be guilty of a misdemeanor and shall be punished by a fine of not less than \$20.00 and not more than \$300.00, or by imprisonment in the City Jail for not less than ten days nor more than three months, or by both such fine and imprisonment.

Section VI

WHEREAS, the immediate operation of this Ordinance is necessary for the preservation of the public peace, safety and health, an emergency is hereby declared to exist and this Ordinance shall be in full force and effect from and after its passage by the Common Council, approval by the Mayor and publication as required by Law, and is hereby exempted from the operation of the Referendum provisions of Arizona pertaining to cities.

Passed and adopted by the Common Council of the City of Douglas, this 16th day of July, 1917.

ORDINANCE NO. 177

AN ORDINANCE DEFINING CERTAIN OFFENSES AGAINST PUBLIC MORALS IN THE CITY OF DOUGLAS, ARIZONA, AND PROVIDING FOR THE PUNISHMENT OF THE SAME

BE IT ORDAINED by the Common Council of the City of Douglas, Arizona:

Section I

That it shall be unlawful for any person or persons to set up, or keep or maintain a brothel, bawdy house, house of prostitution or house of assignation in the City of Douglas, Cochise County, Arizona.

Section II

That it shall be unlawful for any person or persons who are the owners, lessees or occupants of any building or buildings within the City of Douglas, Cochise County, Arizona, the whole or any part of which is used for the purpose of prostitution, lewdness or fornication, to fail to suppress the same therein after being notified by any peace officer of said City of Douglas, so to do.

Section III

That it shall be unlawful for any person or persons in the City of Douglas, Cochise County, Arizona, to use or occupy any room or rooms in any hotel, rooming house, dwelling house, tenement or other building whatever, within said City of Douglas, for the purpose of fornication, prostitution or lewdness.

Section IV

That it shall be unlawful for any female person to pursue the vocation of a prostitute, or to advertise in any manner, such vocation as prostitute in the City of Douglas, Cochise County, Arizona.

Section V

That it shall be unlawful for any male person to cohabit with any female person who has the general reputation of being a common prostitute, in the City of Douglas, Cochise County, Arizona, or to be found publicly associating with any such female in any public place or upon a public street or alley within the said City of Douglas.

Section VI

That it shall be unlawful for any person or persons to act as a procurer or panderer for another, or to offer to provide gratification for the sexual lust of another within the City of Douglas, Cochise County, Arizona.

Section VII

That all ordinances and parts of ordinances in conflict herewith are hereby repealed.

Section VIII

That any person or persons who violate any of the provisions of this ordinance shall be guilty of a misdemeanor, and shall be punished by a fine of not exceeding Three Hundred Dollars (\$300.00), and by imprisonment in the City Jail of Douglas, Arizona, not exceeding three (3) months, or by both such fine and imprisonment.

Section IX

WHEREAS, the immediate operation of this Ordinance is necessary for the preservation of the public peace, safety and health, an emergency is hereby declared to exist, and this ordinance shall be in full force and effect from and after August First, 1917, after passage by the Common Council approval by the Mayor and publication as required by law, and is hereby exempted from the operation of the Referendum Provisions of Arizona pertaining to cities,

Passed and adopted by the Common Council of the City of Douglas, Arizona, this 23d day of July, 1917.

San Diego, California, will have large numbers of soldiers, sailors, and marines to care for and is rising to the situation with characteristic hospitality. Linda Vista twenty miles to the north will contain in its cantonment some forty thousand National Guardsmen. In the heart of the city the beautiful exposition buildings were turned over by the city to hundreds of soldiers, marines, and sailors in process of training, and on North Island in the harbor is an aviation camp destined, I am told, to be one of the largest in the country. Every city has its peculiar difficulties and problems. San Diego's is the Mexican town of Tia Juana, across the border eighteen miles away. This town is always wide open and during the winter horse-racing season is reported to be a gathering place for gamblers, prostitutes, crooks, and every species of underworld character. These gentry pass through San Diego on their trips to and fro; some of them try to make San Diego their headquarters from which to operate. They are often free spenders and, while they probably take out of San Diego as much money as they bring in, they give that city the appearance of a festive and hectic kind of prosperity during the racing season. Those in San Diego who profit by this false prosperity are loud in denunciation of any plan to clean up Tia Juana, but some of her most substantial citizens petitioned the federal government to close the border to all except those having legitimate business on the other side

in order that San Diego may have a fair chance to discharge the responsibility it has assumed for the moral welfare of thousands of young soldiers and sailors. In this connection it may be stated that the newspapers of recent date carried the announcement "that the Secretary of State had decided not to issue any more passports to women and children to enter Mexico, and to limit the number of passports to men for this purpose." When certain bad conditions were recently pointed out to the mayor as existing in the cafés and massage parlors of San Diego, he promptly agreed to do everything he could to eliminate them. The police force which had been disorganized because it had been without a real head for some months and seemed likely to be without one for some time to come because of a political dead lock, now appears sure of thorough reorganization and a competent chief. Why? Simply because San Diego realizes it must put its house in complete order to fulfill its obligations to the boys in khaki.

At Los Angeles, California, is located a naval training station, a harbor defense fort with its gun crews, and a few companies of soldiers guarding bridges and other public utilities. The chief problems of Los Angeles lie outside the city limits in Los Angeles County at some of its beach resorts and road houses. The city itself has reduced commercialized prostitution and the allied evils to a minimum through the persistent efforts of its officials, largely assisted and supported by a private law-enforcing organization known as "The Morals Efficiency Association." The most complete harmony of thought and action appears to exist between the city and county officials and this private agency which has the financial and moral support of the most progressive citizens of the community. Its executive secretary, has been appointed a lieutenant of police without pay, and has had assigned to him two plain-clothes men paid for by the city, who work under his direction. The district attorney has assigned one of his assistants to bring nuisance abatement suits under the California Injunction and Abatement Law on evidence secured by the secretary. This officer and the county officials are now hard at work devising ways and means to clean up the condi-

tions above referred to in the county, outside the city. These conditions consist chiefly of dance halls where dancing goes on until three or four in the morning, liquor is sold to those already considerably under its influence, and women of the underworld are permitted to mingle indiscriminately with the men patrons. The county authorities have been handicapped by lack of laws to cover these particular evils and by the fact that the communities where these things take place are incorporated towns with a measure of independence which they use to attract thousands of pleasure-loving and often irresponsible transients who spend their money and drive away. But the officials of the beach resorts when appealed to on patriotic grounds promised, at least, to protect the soldiers and sailors from liquor and also to strengthen their rooming-house ordinances so as to prevent such places from becoming the resorts of transient prostitutes and of foolish young girls and their soldier and sailor friends on furlough.

San Francisco, because of its strategic position as the financial and recreational headquarters of the Bay District and for large sections of California, has for years been the headquarters of the underworld element of the Pacific Coast. Until February, 1917, it had a red light district and many flourishing forms of the allied evils of liquor and gambling. Since that date the lid has been partly clamped down. There was, however, considerable need of improvement at the beginning of the war. The old Barbary Coast dance-hall district had taken on new life with the increase of soldiers at the Presidio and sailors and marines at Mare Island Navy Yard. There was selling of liquor to soldiers and considerable prostitution. The only department of the city government that was active or earnest in suppressing these conditions was the police department, and particularly the morals squad in that department, under the charge of a lieutenant. This lieutenant has accomplished wonders in the face of discouragement and opposition. He has the confidence of the entire community of law-abiding citizens and deserves the support which he has secured. The squad was very much handicapped by the antagonistic attitude of the police judges and of the

district attorney's office, and by lack of funds. When this situation was put clearly before the mayor and the president of the police commission by the general commanding the military forces and the representative of the Commission on Training Camp Activities, instant response was forthcoming. A request that an appropriation of three thousand dollars be made to provide ammunition for the morals squad was met by a promise on the part of the mayor that he would urge this appropriation strongly upon the city legislative body, and if it were not forthcoming he would personally guarantee this sum. A little later, in order that this problem, which was shared in by all the communities surrounding San Francisco, might be met in a spirit of broad and comprehensive coöperation, a conference was called in the office of the mayor and attended by the state and local health officers, law enforcing officials of the surrounding communities, and the representatives of the army and navy. At this conference the following broad and far-reaching program was adopted:—

1. Prostitution is to be suppressed, vigorously and continuously through the enforcement of the state law; and the issuance of certificates of health to prostitutes shall be no part of the program.

2. Prostitutes brought to the attention of the police or health authorities are to be examined; and all persons, male or female, capable of spreading venereal disease are to be isolated, under the provisions of the Public Health Act or local ordinance, and treated at public expense as long as there is danger, in the opinion of the health officer, of their exposing others.

3. Under no circumstances are infected prostitutes to be "floated" into other communities, and if they are known to go from one community to another, the health officials of the places of destination are to be notified at once.

4. The state law, requiring the reporting of syphilis and gonococcus infections, by physicians' office numbers, is to be enforced to the letter, and in addition, physicians are to be urged to obtain, and furnish to the local health officers, the names of the persons who are suspected of disseminating infection. The local health officers are thereupon to investigate and supervise or isolate infectious cases, according to the circumstances.

5. To provide and encourage the instruction of young men and women in the advantages of a clean life and the dangers from venereal diseases.

6. To provide adequate opportunities for expert diagnosis, treatment, and advice, for infected persons financially unable to secure proper treatment for themselves, and to encourage the continuance of treatment until the patient is cured, or at least becomes noninfectious.

7. To provide free laboratory tests for syphilis and gonococcus infections for physicians, and to encourage greater use of the free tests for these diseases available at the laboratory of the Bureau of Communicable Diseases of the State Board of Health.

The following self-explanatory resolution was adopted by the Conference:—

Resolved: That this Conference on Co-operation of the Civil Authorities with the Army and Navy in the Prevention of Venereal Diseases be regarded as permanent, and that an Executive Committee be appointed by the chair, and include one member from each of the groups represented in the call for the meeting.

No one who has not been familiar with the unsatisfactory moral conditions at San Francisco in past years can realize what a tremendous revolution this program involves. It was agreed to promptly and cheerfully as a war emergency. It will involve considerable municipal funds. It represents San Francisco's answer to the patriotic appeal.

California has been one of our most progressive states. In line with its progressive policy, California was first to meet Secretary of War Baker's request for complete state coöperation in protecting the health and morals of the soldiers. Immediately after the receipt of Secretary Baker's letter, Governor Stevens of California sent a strong letter to all the law enforcing officials throughout the state, urging them to do everything in their power to protect the soldiers and sailors from vicious influences. In order to make this coöperation effective Governor Stevens, upon the nomination of the Chairman of the State Council of Defense, appointed a committee of seventeen citizens to carry on for the state the work which the Commission on Training Camp Activities is carrying on for the nation. That this committee as well as the national commissions might keep in close touch with actual conditions near military and naval posts within its borders, the governor agreed to appropriate from funds within his control a sufficient sum to employ an executive secretary who should be a man mutually acceptable to the state committee and the national commissions of the War and Navy Departments. The purpose of this arrangement is to link together state and national activities and to insure

effective and harmonious action along the lines laid down in Secretary Baker's letter. This state committee has organized, divided into sub-committees, and has gone actively to work with substantial results. The Governor and the State Board of Control have just agreed to appropriate thirty thousand dollars annually for the period of the war for the maintenance of a bureau of venereal diseases in the State Board of Health. These arrangements provide the administrative machinery to give effect to the resolutions adopted. Thus California has answered the nation's call for the protection of its military and civil citizenry from vice and disease.

Oregon, Washington, and Arkansas have under consideration the organization of state committees, similar to that appointed in California. With the formation of such state committees throughout the country, the requests of the Secretary of War and the Secretary of the Navy will surely result in sympathetic, intelligent, and effective coöperation between state and nation in providing and maintaining clean and wholesome environments for the men in training.

In Minnesota, through the instrumentality of the Minnesota Public Safety Commission, appointed since the war began with wide powers of control over environmental conditions and other authority to remove officials who may stand in the way, conditions in the saloons and cafés have been much improved by an order of the commission effective June 5, 1917. This order closes all saloons between the hours of 10 p.m. and 8 a.m.; prohibits the dispensing of liquor in clubs, cafés, and all eating places during the same hours; prohibits women from entering saloons at all times and from being served with liquor at all times; prohibits dancing and cabaret performances in places where liquor is sold. This order followed the submission of evidence to the commission by representatives of the Commission on Training Camp Activities, indicating that commercialized and clandestine prostitution were active and that liquor was being sold to soldiers from the military encampment at Fort Snelling between the cities of St. Paul and Minneapolis.

In Indiana, through direct action by the State Council of

Defense and the Governor, supported by the Indianapolis Church Federation, open prostitution and selling of liquor to soldiers in that city was suppressed. This was done because there was an officers' training camp at Fort Benjamin Harrison near Indianapolis and because these conditions were called to the attention of these officials by the Commission on Training Camp Activities as being inimical to the best interests of the troops. Here again, when once the War Department requested improvement, there was wholehearted and instant response by these officials.

As stated, this is only a fragmentary collection of notes on the reaction of public officials and the people of certain states which have received a good deal of publicity in the past because of their failure to deal effectively with this series of difficult social and health problems. The way in which the communities cited have taken hold of the situation is an index of what is happening in every section of the United States. The situation is, of course serious, but the future seems full of promise for permanent progress.

MY CREED¹

THE WAY TO HAPPINESS—AS I HAVE FOUND IT

Last summer, on the twelfth of August to be exact, I had my fortieth birthday. I had never expected to be forty. Forty might happen to other people, but it could never happen to me. And I felt so frightfully young. I always feel young.

I had my fortieth birthday beside the Flathead River in Montana. We, the family and I, had been out on a riding tour in the wilderness for weeks. We were not even exactly sure that it was the twelfth of August, and it turned out afterward it was really the thirteenth.

For twelve years out of the forty I have been a writer. It is as if, at twenty-eight, I had turned at a right angle to my former path, a path which had seemed as fixed as the sun in its orbit, or the alphabet, or a cement pavement, and had begun a journey into a far country. It changed my life somewhat. It changed me entirely.

The one thing which has, thank God, remained unchanged, has been my family.

In all of my life I have never before sat down and turned my eyes inward. I have never had time to sit by the fire and feel. My life has been purely objective, my family and my work—the family first. It is not easy now to put my philosophy into words. Probably it could be done in two words, love and work. And that, after all, is the foundation of every normal life.

Love and work, and to live life to its fullest, and with honor, that seems to me the universal creed. To take one's self lightly, and one's work seriously, to be a good friend and a poor enemy, to work hard and play hard, to look out and not in, has been the goal I have struggled for. I have failed, of course. Is not the very fact that I am writing this an indication that I am beginning to take myself seriously?

Life was very good to me at the beginning. It gave me a strong body, and it gave me my sons before it gave me my work. I do not know what would have happened had the work come first. But I should have had children. I know that. I had always wanted them. Even my hospital experience, which rent the veil of life for me and showed it often terrible, could not change that fundamental thing we call the maternal instinct.

MARY ROBERTS RINEHART.

¹ *The American Magazine*, October, 1917.

THE MEDICAL ADVISER AND HIS CORRESPONDENCE FILE

WILLIAM F. SNOW, M.D.

Every one who stops to think about it knows that the business of the so-called cure of diseases, or imagined conditions of ill health, by correspondence must be profitable to those who offer such treatment. The millions of dollars expended annually upon the advertising of patent medicines and free medical advice attest the fact, but many of us ignore this fact because we see only the dangers or the charlatany of the method. We fail to comprehend the significant point—namely, that there is a demand for free advice and that a large proportion of those seeking it can pay for actual treatment. The treatment of “sex diseases” has been especially exploited in this manner. Since two of the most prevalent and dangerous of our communicable diseases—syphilis and gonococcus infections—are included in this group, a few health departments have endeavored to meet the demand for free advice and to combat the sex-specialist charlatans by advertising the services of a medical adviser without cost to those who may apply either in person or by correspondence. These experiments have continued long enough to prove that the plan is feasible and worthy of general adoption within the limitations which have been determined.

One cannot read the daily mail of these medical advisers, or sit with them through their consultation hours, without realizing that here is an urgent public health need and social service which requires of the adviser the broadest medical training and knowledge of men, together with sound moral and religious views. A series of five hundred letters¹ typical of thousands that have

¹ These letters with such changes as were necessary to conceal the identity of their writers, were made available for tabulation through the courtesy of the Oregon State Board of Health and the San Francisco Health Department, the Brooklyn Dispensary, the New York Health Department, and several other departments. They represent blocks of letters in the order received, no attempt being made at selection.

been addressed to health departments and social hygiene societies are tabulated below in illustration of the need for extending this advisory service to every part of the United States. Such service may be of real value without attempting to offer either diagnosis or treatment by correspondence. Four hundred and fifteen of these letters were from men, sixty-five from women, twenty from boys. The ages of correspondents ranged from sixteen to seventy-seven, the largest group of those stating their ages being nineteen to twenty-five and the next largest group being thirty-five to forty-five. A large majority were evidently not married, the figures for one hundred twenty-nine who definitely stated their marital status being—ninety-three single, thirty-one married, four widowed, one divorced. Fully 75 per cent did not state their occupations, but forty-five different activities were given by the remaining 25 per cent. The nationalities most frequently mentioned in addition to American were German, Japanese, Swedish, Greek, Portuguese.² The majority of the writers were apparently illiterate and many stated they were unemployed. Fully 50 per cent mentioned or gave details of how they had been the victims of medical “quacks.” It is significant that only one used an assumed name and four wrote as if for a friend.

The subjects of inquiry in order of frequency are of interest.

Literature.....	124	Malformations.....	10
Gonorrhea.....	119	Enlarged prostate glands.....	8
Night emissions.....	43	Sexual “excitability”.....	7
Masturbation.....	39	Marriage relations.....	6
Impotence.....	39	Contraception.....	5
Syphilis.....	17	Advice before marriage.....	5
Varicocele.....	12	Miscellaneous.....	56

Many of the requests for literature came from mothers who desired to instruct their children. A fruit rancher and a wire chief each wrote for literature to distribute to their employes after seeing health department signs in public toilets. The letters concerning masturbation and emissions were largely

² The nationality would vary with the section studied. The greater part of these letters were received by the Oregon and California state boards of health.

from young and ignorant boys and often presented very pathetic pictures of secret struggles and fears. A frequent appeal was for directions or medicines to reduce sexual "passion." A few of the most encouraging letters came from evidently continent young men seeking information prior to marriage, but the larger number who mentioned probable marriage had been infected at some time with gonorrhea. A number of married men were worried about the heredity of their children. The majority of the letters apparently were written as the result of seeing state or city health department signs warning against venereal diseases and medical quacks and offering free advice. These signs were seen, as stated by the writers, in public toilets, in saloons, on ferry boats, in hotels, in the Panama Pacific Exposition grounds, and in railway coaches. Some said they had been advised to write by friends.

An illustrative tabulation sheet and a few letters and answers altered sufficiently to conceal the identity of the authors are given below, to further suggest the important service which can be rendered. All records of advisory departments of this character are held in the same strict confidence accorded to private patients. It is interesting, however, that a large number of requests are on postal cards. The correspondence is, of course, primarily of value in inducing persons to place themselves in competent hands for individual advice or treatment. It was to be expected that personal interviews and follow-up work would be demanded of the adviser. This is what occurred as shown by the illustrations of the great variety of letters such as are received and answered daily.

Extracts from letters

[LETTER]

THE ADVISER

Dear Sir: I got in trouble about seven months ago and would like to have you advise me what to do to cure my ailment. I would like to have your *foul*der for boys 18 years of age. I would like to have the prescriptions for the two diseases mentioned in the sign you have up in every toilet. Please answer in plain envelope.

SEX	AGE	MARRIED OR SINGLE	OCCUPATION	SAW NOTICE WHERE	SUBJECT OF LETTER	REASON FOR WRITING	REPLY
(1) Man	32	m.		Hotel toilet	Describes infection with syphilis	Wants advice re treatment	Personal letter
(2) Man	30	s.		R. R. toilet	Worried by sex excitability	Asks advice	Personal letter
(3) Boy	19	s.		Public toilet	Night emissions	Wants advice about cure	Type letter
(4) Woman		m.	Houseworker		Has gonorrhea	Sends for medicine	Personal letter
(5) Man	77	m.			Deformity	Asks advice	Personal letter
(6) Man			Engineer's helper	Y. M. C. A.	Syphilis	Asks for literature	Personal letter
(7) Boy	16	s.	Elevator boy	Exposition grounds	Masturbation	Asks for help to break habit	Personal-form letter
(8) Woman		s.			Advice to young woman	Asks for literature; about to marry	Literature sent
(9) Man	30	s.	Farmer		Masturbation	Advice as to marriage	Personal letter
(10) Man		m.	Minister		Contraception	Wants device	Personal letter
(11) Woman	24	s.		Address given her	Morphine habit	Wants free treatment	Personal letter
(12) Man			Bridgeworker	S. P. toilet room	Infection from sleeping in room with R. R. employes	Wants advice	Personal letter
(13) Man	23	s.	Logger		Gonorrhea	Wants treatment	Personal letter
(14) Man	47	m.	Wire chief		Gonorrhea and impotence	Asks advice	Personal letter and literature
(15) Woman		m.			Asks for literature for children		Literature sent
(16) Man			Minister		Asks for placards for school toilets		Arranged through local health officer
(17) Boy	20	s.		Lavatories	Masturbation, varicocele	Asks advice	Good personal letter
(18) Man		s.			Certificate of health for marriage	Asks name of physician	Referred to local medical society
(19) Man					Has syphilis	Asks for Wassermann test	Referred to clinic
(20) Man			Sailor		Has gonorrhea	Asks advice	Referred to U. S. Marine hospital

[REPLY]

Dear Sir: In answer to your letter of the 5th, this office does not pretend to treat any case of any kind at all. The only thing for you to do is to come to ————, put yourself in the hands of some reliable physician, be examined, find out precisely what is wrong and take the necessary precautions to get cured. If you cannot afford to do this, call on me personally and I will advise you further. The pamphlet you request is being mailed.

[LETTER]

Dear Sir: Supposing a man having contracted venereal disease married and had a son born to him; would the son, having grown to manhood and never contracted any disease himself, show symptoms in the blood due to the father's disease? Would a physician grant such a boy a clean bill of health for marriage?

[REPLY]

Dear Sir: In answer to your communication, it would be of first and primary importance to know what the disease was. Gonorrhea is not transmitted from one generation to the other, and syphilis would undoubtedly show itself before the boy had arrived at the stage of manhood. It would be better for you to call at the office of the adviser, explain the condition to him precisely, and find out whether or not any infection exists.

[LETTER]

Gentlemen: I am writing you for help and assistance as I am married and live in a small town where it would be almost impossible to secure medical help without everyone knowing just what was the matter with you. Now, I will state my case as clearly as I can and ask that you furnish me with medicine and advice which I will gladly pay for, but I am not able to get away for treatment. . . . Now, the facts are I am not so worried about myself as the wife I am to marry. I don't want to have her contract a disease. Trusting that this correspondence will be treated with the utmost sincerity and that you will be able to help us, I am, respectfully awaiting your early assistance.

[REPLY]

The state does not treat diseases in any way and hence it is impossible for me to send you any medicine or prescription. For this you will have to consult your family physician. I would advise you to go to him at once. The public makes a mistake in not having a family physician to whom they can go with their confidences. Pick out a good man and state your case to him.

[LETTER]

I have noticed your bulletin of warning displayed in railroad trains and hotels. Would appreciate very much receiving some of your literature. I have had a hard fight against a weakness of self-abuse, and while I am confident I can overcome it, occasional yielding has worried me a great deal. I shall be very grateful for your answer and advice.

[REPLY]

Dear Sir: Though masturbation tends to rob a person of his strength and mental energy if indulged in excessively, nature soon repairs any damage that may have been done provided the habit is broken up. Naturally he who has indulged in the habit to excess will find his nervous system more or less excitable along those lines and at times it is rather difficult to break up the habit. However, the same spirit of manhood which induced you to write regarding the difficulty will also help you to conquer the habit and by so doing you will not only regain your full physical strength, but, what is more, you will regain your own self-respect. Medicines and other appliances are absolutely useless in combating the habit. Manhood in facing the issue is your main means of cure. Secret vices undermine character as much, if not more, than open vices; and masturbation is very liable to lead you into acts which will be the source of life-long regret. The average man dwells too much upon the gratification of passion. The sex organs are for reproduction and not for mere sensual pleasure. Get your mind on other things and adopt some absorbing ambition upon which you can concentrate your attention to the exclusion of the mere gratification of sexual desires. In abusing your body you handicap yourself in every endeavor. Man is more than a mere animal, but the best help we have toward being a good man is to be a good animal.

Seminal emissions, in the great majority of cases, need be no cause for worry and need no treatment. They are only nature's method of

relieving tension in the little sacs which retain the secretions of the testicle preliminary to sexual intercourse. Most men have such "losses" varying in frequency according to the individual. Pay no attention to them unless they occur oftener than two or three times a week. They are not a sign of "lost manhood" or "sexual weakness." Get your mind off of sexual affairs, take regular exercise and live an even, regular life, and seminal emissions will take care of themselves. Many men have paid out large sums of hard-earned money trying to get rid of physiological processes which are perfectly normal. Seminal emissions usually belong to that class.

[LETTER]

I am twenty-two years of age and was never sick in my life. I have a varicocoele which I have been told is very dangerous. . . . I know you fellows will tell me the straight thing and help me if you can. I know you can help me and will treat everything confidential. I will pay you well if you will help me in this. Thanking you for a prompt reply.

[REPLY]

Your varicocoele has nothing to do with your difficulty at all. . . . You will doubtless be in the city some time during the winter and I will be glad to talk matters over with you if you will come to the office. Some pamphlets are being sent you which ought to be helpful. However, self-control is your remedy and you should pay no attention to the advising doctors who have tried to frighten you.

[LETTER]

I have been bothered with gonorrhea for seven or eight years and have been to several doctors and thought I was cured but it came back later. Can these doctors guarantee a cure as they say?

[REPLY]

There is absolutely nothing for you to do but go to some competent specialist and fight your disease until all symptoms have been cured. When in its chronic form, it is very difficult to cure and hence get the best service you can. Avoid quacks, men who treat at a distance, and others using quack methods.

[LETTER]

Gentlemen: I have seen your advertisement. I am going to give you a clear account of my case. . . . I have been treating with doctors for two years and they do not seem to do me any good.

[REPLY]

There is nothing to do for syphilis except give it good, rational treatment. If the doctors to whom you have gone are unsatisfactory, then, by inquiry, find out some good reputable man and go to him for treatment. You cannot expect to cure syphilis in a very short length of time. If you do not know where to find a good doctor, write me again.

[LETTER]

My condition is a puzzle to me and for this reason I come to you for advice. I am a young man of twenty-six years; though never athletically strong, have never been in poor health. I am nervous and sleepless. The work I am in, moving from one place to another in the state has brought on a certain degree of dissatisfaction and worry, but I often wonder if I would not be myself again if this extreme and inherent desire could be satisfied. . . . I consulted one physician recently who believed I would be all right if I would go to prostitutes at regular intervals. From what particulars I have given you, I do not know that you will be able to understand and advise, but I am anxious to know and understand the proper course to follow inasmuch as I have no immediate prospects of getting married. Will you treat this in absolute confidence?

[REPLY]

Any man who gives you such advice as you have received is taking more responsibility on his shoulders than I would want to carry. He who indulges in illicit sexual intercourse will sooner or later pick up one of the venereal diseases and then his troubles have just begun. It is unfortunate that the human race has for centuries so educated itself along sex lines that at the present time the average man is an irritable and sensitive nervous organism along these lines. What is to be done about it is a very large problem. I am scarcely certain in my own mind and hence I hesitate to give anything in the way of advice to a man who writes such a letter as you have written. However, I am unable to reach any other conclusion than one. That is

this: Whatever the struggle may cost, I feel that it is a young man's duty to keep in his mind his duty as a husband and a father. The duties of an unmarried man to his wife-to-be are just as strong as the duties of a husband to his wife-that-is, and the moral responsibilities of a young man to his future son are just as strong as those of the father with a family. To tell another man what is his duty along sex lines is more than most of us care to undertake. I do not know your circumstances. I do not know your nervous habits. In fact, I know nothing about you on which to advise. . . . Every man will have to fight out this problem on his own ground, according to his own ideals. The general principle, however, of adherence to social laws such as exist will have to be the basis if he is to fully succeed. And yet I am personally of the opinion that many of our social laws and economic conditions will have to be modified radically before this problem can be solved satisfactorily. You are a man I would like to know; if at any time it is practicable, come in and see me.

[SECOND LETTER]

I am indeed grateful for your letter. It has helped me to get a better hold on myself and to look and think on these matters as I know perfectly well I should. Worry and trouble has brought me to a very nervous condition, and since I had always been rather innocent about sex matters, I will admit that this was brought into my group of worries. Am thankful that I had done nothing and am determined that I will fight this thing through now that I see clearly the light. As soon as I can get a better hold on myself and revive the knowledge of right and proper ideals which I must confess have been known to me for years, I will be more completely master of myself. I feel that it would do me good to meet you personally, so may have time to call when in town next time. Again thanking you for your advice and attention, I am

[LETTER]

Your circular and letter of advice received and thanks for the same. One more question I want advice upon. I consider it out of nature to have too many children, also too close together. . . . Wishing your advice, I am

[REPLY]

The state cannot enter into any advice as to methods of preventing pregnancy. The sex organs have been given for purposes of reproduc-

tion and he who uses them merely for the purpose of gratifying passion is misappropriating the function and will regret so doing sooner or later. If there is any definite reason why you should not bear children, if you will consult your family physician and give him reasons, he will possibly help you if the case justifies.

[LETTER]

I am in a hospital bed at the present time, waiting to undergo an operation from an awful disease my husband had given me. My baby is almost going blind. I have one girl and three boys. I want to save them from this misfortune in the future and I am afraid they may be inclined to take after their father. Please mail me any literature on how to teach boys and girls what they ought to know.

[REPLY]

I deeply sympathize with you in your trouble and recognize that it is very important to successfully instruct not only your children but all children in the matter of sex education. When you are well, I will arrange to have some one who can help you call upon you.

[LETTER]

I am a young single man expecting to be married within a few months. I have taught several schools and I have brothers and sisters, so what you give me I expect to have ready in mind for others' good. I want to know what I should be told before marriage and what I should do after marrying in regard to the question of sex.

[REPLY]

I advise that you select now a competent physician to be your family doctor. Go to him and ask that he examine both yourself and the girl you are to marry and advise both of you in all these matters. There are a few books by authors of standing but none of them are entirely satisfactory. In any event you will need the advice of a doctor in your married life and he can best aid you by knowing all the facts.

[LETTER]

Seeing one of your little notices, I would like some information if you will give it. I have been reading and got no information that suited me and dislike to go to a doctor. I am healthy and robust, don't use liquor; but passion seems to have the best of me. The

books I have read at the library tell what medicine to take to increase; what I want is a brake and a good stout one. Other men of my acquaintance don't think as I do and don't care to control themselves, or else seem not to be tempted as I am. I want advice or something to do to cut out this sex feeling. Thanking you in advance, I remain.

[REPLY]

Probably you don't have to work on Sunday. You can come to the city and return on the same day. I am willing to make an appointment to see you next Sunday to talk your problem over. I think I can help you and I believe you are the kind of man who can be of great influence in your camp in getting other men to follow your leadership in improving the conditions which are a source of special temptations to you and to them. By separate post, some reading matter is being sent you.

[LETTER]

I followed your advice and went to the ————— dispensary for treatment. I wish to thank you for the interest you take in my case but it is impossible for me to take treatments at this dispensary on account of the hours. I am employed from 9 a.m. to 9 p.m. and one day's absence would mean loss of my job which I cannot afford. I would be greatly indebted to you if you would advise me how I can obtain treatments from one of your physicians privately. I don't want to stop treating. Hoping you will favor me with an early reply,

[REPLY]

The health department has no physicians who give treatment but I can arrange for your being properly treated in the evening at another dispensary which we have just induced to open an evening pay clinic. The fees charged at this clinic are within your means and you will not have to lose your job. Come and see me and I will give you a card of transfer from the dispensary you have been attending to this evening clinic.

[LETTER]

Mr. ————— received a card from you saying the hospital had sent you word that he was not cured at his last visit. I reckon he did not go again because he had no money. He only gets \$5 a week. I am his mother and a widow. I would gladly pay for the treatment

if I could which I can't. Will you kindly see if he can be treated without his having to pay for the treatment now and greatly oblige.

[REPLY]

Send your son to me and I will arrange for the continuance of his treatment.

[LETTER FROM ADVISER]

Information indicates that you have not reported regularly at the dispensary for treatment. You know that it is important both for yourself and for the protection of the men with whom you work that you should not neglect the treatment. Please come to see me at once.

[REPLY]

Hoping you will excuse the liberty I am taking in writing you this letter but I can't come because I am trying to get a job. I couldn't keep the date at the hospital owing to financial circumstances which I can't see a way out of until next Thursday when I will get some pay. Hoping I will be accepted then as a patient for the syphilis treatment and that you will excuse me for not keeping my date before, I am, thankfully yours,

[SECOND LETTER FROM ADVISER]

I have your explanation, which is satisfactory, but in future if you are out of a job and can't pay for the drugs, or if you are going to a private physician for his services, let me know immediately.

[LETTER]

I am returning this card to you to let you know that I did not return to the hospital because I didn't think it necessary of any further treatment or observation. My condition is exceedingly fine. I haven't got any trouble whatsoever. I am very much surprised at such a quick cure. I thank you very much for such a quick cure, and I am sending your card back because I do not want to lose the privilege of your advice in the future.

[REPLY]

You have done what many other men foolishly do, that is, tried to decide for yourself when you are well. It will be necessary for you to return to the hospital and keep under treatment until your doctor

tells you you need no further treatment. I thought this had been fully explained to you. If you do not understand, come in and see me. For your own sake and that of the people with whom you live, you must not stop treatment at this time.

[LETTER]

My husband, Mr. ————— told me you would like him to take another 606 before he is pronounced cured. Now it is impossible for me to get the money as he earns so little and I can hardly buy eats and pay the rent. Maybe I would be able to get it done in March as I expect to get a janitorship then. Probably then I will get the money. We want to get well but I don't know anything else to do.

[REPLY]

Bring your husband with you and come to see me in the health department. I may be able to do something to meet your situation.

[LETTER]

Our doctor tells me that he thinks two of our children which have never been well ought to be given a blood examination which would help him tell what treatment they should have. My husband says he has talked with you about this when you were treating him, and he thinks I better have the health department make this examination. His health is very much better since you have been treating him and I thank you for what you have done for us. Some time we will save up some money to pay you. Please tell me whether the blood examination hurts and whether there is any danger to the children in having it done.

[REPLY]

If you will bring your children to my office Thursday at four o'clock, the blood examination will be made and the results reported to your doctor. I think this is a very wise course for you to take. The health department wants to help you get your children well and strong. There are no charges for anything this department does for you.

Few even among physicians realize how many personal problems of sexual conduct and disease drive persons of every age and both sexes to seek advice. These people want help but fear to ask it from their home physicians or cannot afford it. Our

PUBLISHED BY ORDER OF THE
STATE BOARD OF HEALTH

Venereal Diseases

Gonorrhoea (or Clap) Causes:

1. At least 50 per cent of all surgical operations upon the female organs.
2. Many childless marriages.
3. Many innocent wives to become invalids for life.
4. About 25 per cent of all blindness in the United States.
5. Gonorrhoea is **OFTEN NOT CURED** when it seems to be cured.

The germs of gonorrhoea often remain hidden in the body ready to cause serious trouble later, after the symptoms of the disease have been stopped by treatment. Often the disease is completely cured, but very frequently it hides in the body and then breaks out again of itself after months or even years. It may then be given ignorantly to an innocent wife, may cause her untold suffering, may make her an invalid all her life, and may cause a child to be born blind.

Syphilis is as bad as Gonorrhoea, if not worse.

PREVENTION

Sexual intercourse is not necessary to physical health. Antiseptic washes and other preventive measures are not reliable. The only way to prevent Gonorrhoea and Syphilis is to keep away from prostitutes, both professional and non-professional.

BEWARE OF ADVERTISING SPECIALISTS

who claim to cure "Nervous Debility," "Lost Manhood," "Enlarged Veins," "Blood Poison" and "Private Diseases of Men."

Night emissions (if not too frequent) are natural in men. These advertising Specialists get large sums of money for treating diseases which do not exist.

Patent Sex Medicines are useless, and cause a waste of money.

HOW YOU CAN HELP

1. In justice and chivalry to our daughters and wives and unborn children and our sisters, do not risk exposure; stand for the same standard of honor for men as for women.
2. Protect boys from harmful ideas and smutty stories.
3. Send for circulars of information and help distribute them.
(A) For young men, (B) for older boys, (C) for younger boys,
(D) for women, (E) for young girls, (F) for parents

THE OREGON STATE BOARD OF HEALTH

720 Selling Building

Portland, Oregon

FREE SEX ADVICE

Private Expert Advice is given free in regard to all sexual disorders and diseases

This department is intended to afford a place where persons in doubt or trouble may be helped by reliable advice. It is purely advisory.

All correspondence treated confidentially. Letters cheerfully answered in plain envelope.

Ask for or write to **The Adviser**, State Board of Health
Room 720 Selling Building
Portland, Oregon

Office Hours: 11 A. M. to 12 M. and 2 P. M. to 4:30 P. M. Week Days.
Sundays 12 M. to 1 P. M. Tuesdays 7:30 P. M. to 8 P. M.

past policy of silence has left a clear field for the medical charlatan who advertises free advice and inexpensive "guaranteed" treatment for sexual disorders, and provides exhibits and large editions of pamphlets for educational purposes—education designed to convince the uninformed individual that he must immediately undergo treatment by the concern mentioned. At this time when national efficiency and economy are the watchwords and the government is planning to apply every practicable means for the prevention of prostitution and venereal diseases, it is especially important that adequate facilities for competent advice, as well as for treatment, be provided. The health department is in a position to render this service.

Success demands a resourceful physician with the right personal qualifications and a policy of vigorous promotion of the work. The details are comparatively simple and every health department is equipped to carry them out. Signs are posted in selected places, particularly wherever the medical charlatan has found it profitable to post his signs. The New York City Health Department has found that when its sign goes up, the signs of the fakers come down. There are now many forms of these signs. The wording of the Oregon sign, which was the first one used, will serve to illustrate the general form of such notices.

Many other ways of announcing the advisory service are being used, notably the carrying of an advertisement in papers publishing the advertisements of quacks. These newspaper announcements read something like this:—

RESIDENTS of Rochester, avoid quack doctors, quack dentists and patent medicines. Your time and money will be wasted; you will not be cured and your health may be ruined by the use of them; free confidential advice concerning your health at the Health Bureau, Chestnut and James Streets, Mondays and Thursdays, 3 to 4 and Mondays 7 to 8 P. M.

The office of the adviser must be equipped with stationery, postage, and clerical assistance, and to be completely useful should have facilities for clinical and laboratory diagnosis. The

adviser then finds he must have coöperative relations with the dispensaries and physicians willing to treat persons who consult him.

A social service visitor has been found useful in follow-up work, especially in coöperating with men who want to carry out every precaution for the protection of their families or relatives but can't understand or bring themselves to explain the details of such protection to those with whom they live.

The pioneer efforts in this field have developed most encouragingly. The American Social Hygiene Association will place its information service and facilities at the disposal of any state or local board of health willing to begin this work. In so far as may be practicable, it will send a representative to confer upon the details of plans adapted to each community.

THE FOOD AND DRUGS ACT IN ITS RELATION TO SOCIAL HYGIENE

T. C. MERRILL

Bureau of Chemistry, United States Department of Agriculture

At this time of war stress and strain it is necessary to consider every agency which counts for or against the welfare of the race. The adverse influence of venereal disease is of no minor interest to the nations which have been at war for the past three years and to those nations which have recently become, or which soon may become, belligerents. Every country now at war has been compelled to recognize the fact that venereal diseases are a serious menace to military and national efficiency and to adopt especially stringent measures for the control of these enemies of the home and the nation. Each warring country is engaged not only in conflict with a foreign enemy, but in domestic strife against an internal foe which menaces at closer range than machine guns.

The spread of venereal or "private" diseases is not checked or decreased by the sale and use of preparations advertised and recommended to the public for self-treatment of these diseases. On the contrary, such preparations only further the increase of disease because they tend to its concealment. As with any infection, concealment of venereal disease promotes its extension. Were it possible to eradicate syphilis, gonorrhea, or chancroid by a routine method of treatment, formulated without regard to differences in individual cases and recommended without discrimination as to symptoms or complications, home treatment might be advisable. It is well known, however, that such is not the case. The sufferer who treats his venereal disease by means of a ready-made medicinal preparation will almost certainly prolong his trouble and increase the difficulty of its cure. Recovery under self-treatment must occur in spite of the same,

and not on account of it. Such a recovery usually leaves the patient more or less disabled, because the treatment is insufficient.

Again, there is danger in the fact that such preparations provide an easily obtainable means of treatment which can be secured without embarrassment or loss of social prestige. Furthermore, by extravagant promises they lead the sufferer who depends on them to believe that he is cured, when in reality he is not. They do not destroy infection; they fail to stamp out the disease; and they are therefore not only useless, but harmful.

That there is a vast difference between the promises made in the labeling and the fulfilment of these promises is not unnoticed by the federal authorities. Many prosecutions have been brought under the Food and Drugs Act against the manufacturers of preparations falsely and fraudulently represented to the public as being curative or effective in the treatment of disease. In connection with these prosecutions, it is customary for the Department of Agriculture to issue Notices of Judgment from time to time. These show the grounds upon which prosecution was based and report the final action of the court. A review of these notices exhibits a number of interesting features associated with the sale to the public of drug products recommended for the treatment of diseases affecting the sexual organs.

Such products are offered not only for the treatment of infectious venereal diseases, but for the relief and cure of "lost manhood," "wasted vitality," "impaired nerve force," or "spermatorrhea,"—names used chiefly for their effect upon the consumer's mind. It is often the case that the advertising of such preparations is designed to suggest to the susceptible reader that he is suffering from a serious disease capable of producing the gravest results.

Conditions suggested and emphasized in the labeling of "lost manhood" preparations are made to assume great importance in the consumer's mind. So-called symptoms likely to be experienced at times by everyone are enlarged upon for the sake of frightening the ignorant and impressionable. Nervous exhaustion, self-distrust, failing memory, despondency, gloom, sadness, and the effects of worry, excitement, and overwork are among the

expressions found in the labeling which has been made the subject of court proceedings. Thus the manufacturer seeks to persuade one who is temporarily indisposed that his condition is dangerous and that only "Dr. Vigor's Fountain of Force" can save him from paralysis, melancholia or other horrifying affection.

The composition of the preparations which have been brought to the attention of the courts is by no means uniform. The analyses made in the Bureau of Chemistry of a number of drug products recommended for syphilis have shown that the most commonly used ingredients are iodides, mercury, vegetable cathartics, sulphur and certain plant drugs, of which prickly ash, poke root, and sarsaparilla are types. Epsom salts, mineral acids, camphor, acetates, turpentine, nitrates, salicylic acid, and tonic drugs such as gentian and taraxacum (dandelion) have also been reported.

Preparations advised for gonorrhea may consist of mixtures for use by mouth, or may be injections, or may be marketed in two parts which thus combine internal and topical application. Medicines sold for use by mouth usually contain oils of copaiba, cubeb, or sandalwood; powdered cubeb is frequently employed and sarsaparilla has been found present. Injections are ordinarily composed of zinc compounds, borax, boric acid, carbolic acid, or some form of hydrastis (golden seal); morphine has also been noted.

The common ingredients of "lost manhood" medicines are damiana, phosphorus, arsenic, iron, and vegetable tonic drugs, such as cinchona and nux vomica, or their alkaloids. The popular belief that some of these drugs possess special aphrodisiac qualities is widely utilized for advertising purposes. Any such effects are due almost wholly to suggestion. The reputation that damiana and phosphorus enjoy for being particularly capable of renewing exhausted sexual power and worn-out nervous tissue seems to have originated in over-confident medical opinion based on insufficient evidence.

How little the manufacturers believe in the reputed value of these drugs and in the truth of their promises to the consumer is

indicated by the fact that they have, to date, entered pleas of guilty or have failed to appear in court in all of the cases brought by the government.

It is frequently asserted that new, obscure, or exotic drugs, whose physiological action has not yet been fully determined, possess particular virtues. For example, lecithin and the glycerophosphates lend to drug preparations a superficial appearance of being medically correct. They serve as a basis for many absurd and extravagant representations referring to the nutrition and restoration of the brain and nerves. To a certain extent they have superseded phosphorus, phosphoric acid, and inorganic phosphates, to which selective effects upon nervous tissues were attributed at one time.

Products offered for the treatment of disordered sexual organs may, and frequently do, contain drugs which are recommended in textbooks or commonly employed by physicians at some stage of some cases of venereal or nervous diseases. The fact that sexual disease resulting from infection or faulty hygiene is not amenable to treatment by a rule-of-thumb method is ignored by the manufacturer.

Cathartics and diuretics seem to be largely used in the manufacture of drug products sold for the treatment of syphilis, gonorrhea, and "wasted vitality." Such drugs are especially impressive from the manufacturer's standpoint, because they produce results which are appreciable to the user. This fact is illustrated by the following assertion, appearing in the labeling of a preparation said to be valuable for treating venereal disease, consumption, and other affections:—

These pills operate in such a manner that they work on the lungs, skin, kidneys and bowels as sudorifics, diuretics and purgatives, expelling all of the impurities from the body, and by having perseverance the system will be cleaned entirely from all of those corrupt humors which, deposited in the lungs, are the cause of this disease.

Needless to say, in this case the manufacturer admitted the allegations contained in the libel.

A word should be said about alcohol as a constituent of medicinal preparations, not only of the class here considered but of

drug products in general. It is sometimes believed that alcohol is used as an ingredient of various products in order to further their sale among persons addicted to the use of intoxicating beverages. Contrary to this belief, it appears that alcohol is not usually employed for this purpose, but because it is a preservative and solvent. In many cases it is capable of dissolving or extracting from crude drugs the particular substances which produce the medicinal effects of the finished preparation. It is, therefore, a necessity in pharmacy and a common ingredient not only of preparations sold directly to the public, but of tinctures, extracts, and other articles used by chemists, pharmacists, and physicians. For such purposes it is employed in various proportions, from one-half of 1 per cent to 90 per cent. Most of the preparations here referred to contain a little more than 10 per cent.

Those so-called medicinal preparations which contain alcohol in such form and quantity that they may be used as beverages are amenable to laws and regulations administered by the Commissioner of Internal Revenue. The Federal Food and Drugs Act requires that the quantity of alcohol and other habit-forming substances present in a medicinal preparation shall be plainly stated on the label.

In appealing to a polyglot population, such as that of the United States, the manufacturer addresses the consumer in various languages. French, German, Spanish, Italian, Swedish, and Norwegian are observed most frequently. Then come Russian, Polish, and other Slavic tongues or dialects, while Danish, Portuguese, Dutch, Yiddish, Hebrew, Greek, Chinese, and Japanese are not at all uncommon. A few labels printed in "Pennsylvania Dutch" indicate that few language groups of our people are overlooked.

Following are a few typical examples appearing in the labeling of medicinal preparations recommended for the treatment of various diseases of the sexual organs:—

It appears to cause syphilis to steadily relinquish its hold, until finally the disease gives up altogether, and you have conquered this monstrous malady.

The principal drugs in this product were sulphur, wild cherry, and aloes.

A reliable remedy for contagious blood poison in the primary, secondary or tertiary stages of the disease.

This medicine contained turpentine, camphor, and mercuric iodide.

Used with success in the following diseases: Scrofula, eczema, syphilis, chancre, catarrh, blood poisoning, pulmonary diseases, weak lungs, influenza, chronic coughs, anemia, ulcers, carbuncles, boils, white swelling, ache, pimples, blotches on the face, poison oak and ivy, swelling of the knee or hip joint, ulcerated mouth or throat, disease of the spine, diseases of the bones, coxalgia, copper colored spots on the body, nervousness, debilitated constitution, sciatica and neuralgia.

Sugar, salicylic acid, sarsaparilla, and potassium compounds were found in this preparation.

A preventive and a certain and speedy remedy for chronic gonorrhea, gleet, whites, etc.

This product was an injection containing acetate and sulphate of zinc.

(Translation): Positive recovery in all forms of exhaustion, anemia, simple and nervous, debility of every kind, neurasthenia, scrofula, rickets, impotence in males, spermatorrhea, spinal diseases, hemicrania, stomach troubles, etc.

The labeling of this article was printed in Italian and its active ingredients were found to be iron, arsenic, phosphoric acid, nitrates, quinine, and strychnine; it was practically a Blaud pill.

Syphilis—either primary or secondary, syphilitic ulcers, nodes, swellings, tumors, hard lumps, ulcerated and sore throat.

This mixture was a so-called "blood purifier," depending for its effects upon arsenic and potassium iodide.

Exaggerated and untrue representations, such as the foregoing, are modified and softened in the relabeling which usually follows court proceedings. References to the incurable and more serious diseases are omitted and the general tone of the revised labeling is much milder than the original which brought the manufacturer or his preparation into court.

The use and control of medicinal preparations are questions to be solved by education as well as by regulation. Each commonwealth provides its own laws and is thus, within its own jurisdiction, independent of federal law. The Federal Food and Drugs Act, moreover, refers to misbranded preparations sold, or offered for sale, in the District of Columbia, territories or insular possessions of the United States, or those which are transported from one state, territory or district to another state, territory or district; also to products imported into the United States and to preparations exported from the United States into foreign countries. It does not apply to goods which are not shipped outside a state, or to advertising appearing in newspapers, booklets, posters, street-car signs or otherwise in such a manner that it is not actually a part of the package shipped, with the article, into interstate commerce.

A discrepancy is often noticeable between the labeling accompanying the package and grossly exaggerated statements appearing in newspapers or other advertising not a part of the package. Such a difference shows deliberate fraud.

TO ALL WOMEN AND GIRLS

We are a nation at war.

The country demands of every woman as well as of every man a personal pledge of loyalty.

We women have already been taught many ways in which we can serve our country. One most important thing we can do is to help the men to be good soldiers.

We can help the national honor by demanding that the soldiers respect all women.

Every woman who cheerfully sends husband, son, or lover to the front is making it easier for him to look ahead and not behind him.

Wherever military camps are pitched, women's love and thoughtfulness go with the men. This is right.

Wherever military camps are pitched, immoral women and thoughtless girls congregate outside the camp lines. This is wrong.

Thousands of soldiers have been made unfit for service because of venereal diseases contracted from women.

Some women who will read these words do not know this fact and do not want to know it. For the good of the country all women should know it.

Intelligent women can protect the young girls who follow the troops and can save them from temptation and the country from the burden of illegitimate war babies.

It has been the fashion to blame the men alone for the immoral conditions which exist outside of army camps.

Women are equally responsible.

Other women—"sporting women" or prostitutes, who seek to tempt the soldiers may read these words:—

Help the soldiers by keeping away from them.

If any woman is the means of making a man unfit to do his duty as a soldier she is a traitor to her country.

The nation asks for the strength and courage of every man.

The nation asks for the purity and help of every woman. All must work together; the men for the women, the women for the men, and all for the country.

EDITH LIVINGSTON SMITH.

THE WAR AND VENEREAL DISEASE IN GERMANY

The disastrous experiences of the European nations, especially during the earlier months of the war, in their attempts to deal with prostitution and venereal diseases as war time problems have been much discussed; since our own country has become involved in the war they have assumed especial importance; for, while our policy has been definitely fixed by the official actions of the War and Navy departments, the experiences of other nations, though based upon different principles, at least have the force of reality: they show what has actually happened under war conditions. Little material bearing on the situation in Germany has been available. The following papers and extracts appeared in German periodicals in 1914, 1915, and 1916.

THE COMBATING OF VENEREAL DISEASES IN THE WAR

DR. A. BLASCHKO

Berlin

In speaking of the diseases and epidemics which rise to a considerable degree and therefore assume greater importance in war time, generally only the grave acute, infectious diseases are thought of, as diarrhea, cholera, spotted fever, smallpox, etc. And yet besides these terrible pests which often claim more victims than the bullets of the enemy, venereal diseases play a very important part. Of course more are carried away outright by the acute diseases, but syphilis is all the more dangerous because of its permanent effect.

It is easily understood that the tearing away of hundreds of thousands, even millions of young healthy men from their customary mode of life, the long separation from their wives and sweethearts, the daily contact with women and girls of other cities and nationalities give rise to sexual excesses. In former centuries, from the earliest times known to us up into the eighteenth century, whole armies of prostitutes constantly accompanied the soldiers. It was believed that such escorts could not be done without, and the prostitutes themselves took good

care to advance their own interests. And this female following often numbered—in the Thirty Years' War just the same as in the Crusades—tens of thousands, often even exceeding the number of the regular troops and hampering the marching and fighting ability of the army. But it became a hygienic danger only when in the sixteenth century syphilis broke out among the soldiers,—a pest unknown up to that time,—spread through the ranks, then with monstrous speed over all Europe, where it has since remained a native guest. The heaviest and most degrading punishments were applied as soon as the danger was recognized—to no avail; centuries passed before the camp-followers were entirely banished from the army. Not until universal military service brought a fundamental change in the character of warfare was serious consideration given to the thorough cleansing of the armies of the evil of prostitution. Yet even Napoleon could not prevent that, especially in Germany, young women-folk joined his army in hordes and partly even took part in the Russian campaign. Yes, even in the Russo-Japanese War the Russian Army, particularly the Russian officers had *demi-mondaines* with them in great numbers.

Now even if our army does stand on quite a different moral plane than the Russian, and if a complete pestification of our army with prostitutes is quite impossible, and even though the present war is a far more serious affair than any previous war, yet this time too the possibility of a great increase in venereal diseases must be reckoned with. The fighting army, to be sure, which is now facing the enemy, is for the present hardly in danger from this source. But the land-strum and the volunteers, hundreds of thousands of whom are being trained in the garrison cities, as well as the garrisons of the fortresses, are very liable to be seduced. In several of these cities all brothels were immediately closed; in others, however, where the hygienic value of these institutions is still believed in, they flourish all the more. But even where no brothels exist, conditions are not much better. I personally have recently observed, here in Berlin, numerous fresh cases of gonorrhea and syphilis among the recruits (in one case the infection came through a girl in the dress of a Red Cross nurse) and in a neighboring garrison, as a colleague there writes me, many infections resulted from the coming in of diseased prostitutes from the large cities, who, being robbed of their custom there, looked for new victims here. The number of those found healthy when being recruited, who had to be sent back to the hospital afterwards—some of them even from the

front—because of a fresh gonorrhea is much greater, too, than is generally imagined.

But even in the enemy's country it is not impossible that when the terrible bitterness gradually gives way and the stay of our troops becomes extended, a closer relation with the native population, especially the female part of it, will arise. And of course it is most likely that the better female elements will stay away from the troops, while it is just the diseased loose women and especially the professional prostitutes, who, of course, having lost all their trade through the war, will soonest give themselves up to the men. The experience of former wars, the Franco-Prussian in particular, shows that in this way—especially in the second half of the war—numerous infections come about. In the Franco-Prussian war 9 per cent of all the sick men were down with venereal diseases; a single day's stay of one division in Rheims is said to have resulted in several hundred gonorrhea infections, and that men infected with fresh gonorrhea are not the stuff with which to make marches and win victories needs no further explanation.

If the military authorities do not exercise iron discipline and forbid all intercourse with the foreign women, infection from this source is greatly to be feared.

In the home garrison the suspicious women and girls must be placed under strict watch. In my opinion regulation with or without internment has never accomplished much in hygienic regard. Under exceptional circumstances, as in war time, the problem is especially difficult. In this case, strict supervision of all women who definitely have intercourse with soldiers should be very useful. Such supervision, however, must not be restricted to the registered prostitutes, but must extend to all suspicious elements. These must be examined very frequently, say twice a week, and in case of sickness be treated in hospitals. Absolute prohibition of public dancing, and early closing hours for saloons, especially those close to barracks, would have to support these measures.

All these rules would have to be applied also in the enemy's country with the necessary changes and restrictions. Here too the lower class of saloons and the *animierkneipen*¹ (*débits de vin* in France) must be closed altogether and all other cafés be made to close early. The greatest care must be taken also to prevent prostitutes under any pretext from joining the troops, as they often do, in the guise of nurses,

¹ See explanation of this term in *Prostitution in Europe* by Abraham Flexner.

etc. To this end an unusually strict sifting process must begin right in the provisional headquarter stations.

With stringent regulations for the men, education and warning must go hand in hand, as is already provided in the military war-sanitation-code. Following out this idea in the home garrisons, warnings are now being given every week at roll-call about intercourse with unscrupulous women and girls at home and abroad. The German Society for the Combating of Venereal Diseases aims to emphasize these warnings by giving the soldiers its educational pamphlets, availing itself of the aid of the Committee for the Distribution of Literature for Soldiers at the Front and in the Hospitals. Through this agency the following little circular is to be distributed to the amount of hundreds of thousands of copies.

It is the solemn duty of every soldier to keep himself healthy for his Fatherland, doubly and trebly so in war times, when the greatest demands are being made upon him.

No other cause so impairs the health and capacity of the soldier as the venereal diseases—syphilis and gonorrhoea. They not only cause great pain but also make a man weak and incapable of marching and fighting—not to mention the serious ills which these diseases carry in their train and which may last to the end of life.

Venereal diseases are acquired from immoral girls and women who as a result of their loose living are almost all diseased and transmit their diseases to the men with whom they have intercourse. But in war time especially, the soldier must remain far away from these girls, both in the enemy's country and at home, wherever he is quartered. He must be especially careful in his use of alcoholic beverages (whiskey, beer, wine) because in a state of intoxication, and even when only slightly tipsy, he yields more easily to temptation. He must keep clean, if at all possible, the sexual parts as well as the rest of the body.

During the entire duration of the war he must remain healthy and fresh, in his own interest and in the interest of his country, which in its struggle for freedom needs the whole strength of every man.

Whoever is so unfortunate as to have already acquired a venereal disease, even if before the outbreak of the war, should report the least sign of its getting worse, so that no serious trouble may result through negligence.

The soldiers must—and this rule holds for every city—be in their quarters early, and above all confess to the proper troop physician the slightest suspicion of an infection in the sex organs. In small detachments it will no doubt be impossible for the individual troop physicians to carry with them the necessary means for examination and treatment (microscope, etc.). But if there is no way out, it does no harm if occasionally a non-gonorrheal catarrh is taken for a case of

gonorrhea and treated with a strong albargin or protargol solution as is usual in attempts to accomplish an abortive cure. The keeping secret of the first stages of a venereal disease is the only instance in which I would consider punishment justifiable. It is understood, of course, that the infected men, those of them who are unable to march or may easily become so (all fresh cases of gonorrhea, chancroid and serious forms of local syphilis) should either be sent off home or at least to the nearest provisioned station.

I cannot close this discussion without calling attention to the fact that now more than ever and more than in peace times the danger of venereal infection threatens the army and the nation not from professional prostitution alone. A world war like the present which suddenly tears all the economic bonds of the civilized nations, cripples numerous industries in our great cities and incidentally throws hundreds of thousands of women out of employment. How are they to support themselves? Especially when women of the propertied classes in their effort, praiseworthy in itself, to do their share for the soldiers and their dependents volunteer to do gratis the work that is necessary for war purposes, not realizing that in doing so they are only increasing the misery of the unemployed. And what is to become of the thousands of girls who have all along been living half by prostitution and now stand stripped of a large part of their "friends" and protectors?

The orders which the Berlin chief of police and other police authorities after him issued were certainly dictated by the best will, and these executives had not only the moral but also the hygienic element in view, but after some consideration we must conclude that as far as hygiene is concerned very little can be accomplished by guarding the streets and public inns and not much more by prohibiting female service in the so-called *animierkneipen*, if, provision is not made at the same time, for the women thus thrown out of a living. Of course they want to live, as well as anyone else, and they will find ways of practising the only "trade" they have learned. To secure regular work for these girls at a time when already hundreds of thousands are turned into the streets who have hitherto earned their bread by honest work, is quite impossible. Without a doubt they will continue to support themselves by the prostitution of their bodies. It will be the task of public sanitation to do away with the greatest possible number of these sources of infection through supervision and careful examination of the real vagrants as well as through interning of those who have an acute disease; but at the same time efforts must be made to get the healthy

ones some useful employment or, if that is quite impossible, at least food and shelter.

The most impractical measure in handling this problem of venereal diseases seems to me that adopted in quite a number of cities, of discharging venereal patients from the hospitals in order to make room for wounded. The number of beds at our disposal for the latter is so great and the supply rises to such an extent day by day that it is really a great mistake to favor the spread of venereal diseases through the population by such a measure. At no time have persons of both sexes infected with venereal disease belonged in the hospital more than at this very time. Just as we must strive not to allow our cultured and economic achievements to be destroyed in this war, just so we must not in our anxiety and care for our warriors who are sacrificing themselves, neglect for one moment the hygienic safeguarding of the entire nation. And the venereal diseases, gonorrhea no less than syphilis, are so great and permanent a danger to our people that every blunder, every piece of negligence of which we are guilty today will be bitterly avenged. So many thousands of the flower of our nation are falling victims to the bullets of the enemy that we must guard and value the health of the rest as a dear possession.—*Deutsche Medizinische Wochenschrift*, October, 1914.

VENEREAL DISEASES AND THE WAR

ERNEST FINGER, M.D.

Vienna

. . . . And so venereal diseases in the war deserve full consideration from a double point of view: venereal infection of the army during a campaign and venereal infection of the civil population through the soldiers returning from the front after the campaign, and the danger rises relatively as the enormous drafts of fighting men cause both these factors to assume increased dimensions. The question becomes all the more important for us Austrians because both our Austrian provinces in which our troops are being concentrated, Galicia and Bukowina and Bosnia-Herzegovina, are replete with venereal disease, and the bordering enemy countries, Russian Poland, Volhynia, and Podolia and also Serbia are counted among the most infected countries of Europe. Indeed the number of infected men who up to now have had to be sent back to the hospitals as unfit for fighting is by no

means small. Whether a relative increase of venereal disease has already taken place in the army cannot be determined or proved from this fact since it is understood that, relative conditions being the same, the enormous increase in the numbers of the army must correspond with an increase in venereal diseases. These diseases may be divided in respect to time and place of infection into two groups: The one group consists of those cases in which infection took place at the time of mobilization or on the way to the front and in which, as is usual, the disease broke out about eight days or fourteen days later (in cases of gonorrhea and syphilis respectively) during the campaign. Naturally not a few of the soldiers overlooked or kept secret the first stages of their sickness thereby making it worse, so that not a few seriously complicated cases which arrived in Vienna in the first half of September originated in the first two weeks of August. The psychological factor which entered into these cases is easily understood. The high spirits of the men at parting and at the arrival in the recruiting places, the fighting enthusiasm, unfortunately heightened by the abuse of alcohol, the long stay in large cities, the advance which the female element made to the recruits everywhere and expressed in various ways, did procurer's service. Whoever cared to gain an impression of these conditions here in Vienna had only to visit the Praterstern and the Prater during the first two weeks of August; here any evening numerous groups of soldiers could be seen streaming from the Praterstern to the Volksprater, scattering into the various saloons and inns, and if one walked in the meadows toward the Danube one could see countless loving couples of which the male partner was always a soldier and innumerable prostitutes searching after partners of the same kind. The unusually fine weather was particularly favorable to these love adventures. Similar conditions as in Vienna must have prevailed in the provincial capitals and large cities. The effects were not lacking. According to a widespread rumor, the first hospital transports, which on their arrival in Vienna were solemnly received at the station by patriotic reception committees, included some whose members owed their wounds not to the weapons of Mars but to those of Venus. Even today soldiers are still arriving with complicated conditions and advanced stages of venereal diseases which point to infection in the early days of August, while others are coming in whose early symptoms point to an infection of four to six weeks' duration, acquired, therefore, in the first half of September, and who declare that they became infected in Russian Poland. These men, then, were infected during the

campaign, hence belong to the second group of our classification. Previous experience has shown that this class of infections increase a great deal in number as the war continues, reaching that point at which they may become dangerous when the men return to their own homes, if preventive measures are not adopted in time.

As far as the combating of venereal diseases in the army is concerned, Germany and Austria can point to very substantial success through instruction and personal prophylaxis. At the front, no doubt, the application of such prophylactic measures, which consist of injections of the familiar silver-albumen preparations into the urethral opening and washings with disinfecting soaps, sublimate, lysol, etc., to be done by every soldier as soon as possible *post coitum*, will meet with great difficulties. As for instruction, lectures are probably out of the question; nevertheless it will be possible repeatedly to admonish all the troops units, in brief pithy sentences in the daily orders, of the dangers which threaten the soldier in the land of friend and foe alike. It must be admitted, of course, that in war time the psyche of the soldier is less accessible to such instruction than in times of peace. As for prophylaxis, it has been and is being recommended that every man receive a handy package containing the usual prophylactics. Such a little package would certainly not increase the burden of the soldier's knapsack very much. Whether the man, uncontrolled and without compulsion, will find time, place, and opportunity properly to apply the prophylactics remains questionable. At all events it must be admitted that in this manner at least a small fraction of the infections could be prevented. As far as I know, however, no such measure has been attempted this time either in Austria or in Germany.

An important means of restricting the number of infections consists without a doubt in restricting as much as can be done the possibility of infection. The German administration, which we cannot sufficiently admire for the consciousness of purpose with which it provides for the smallest details, has enforced exemplary regulations in this direction. Some of the rules laid down by the military authorities are as follows: (1) Prohibition of the sale of alcoholic liquors to soldiers in railway restaurants; (2) shortening as much as possible the stay of military transports in large cities; (3) commanding troops not to leave the railroad platforms even in case of a long wait. But the civil administration in Germany too, in proper recognition of the needs of the situation, has ably supported the military authorities.

But the treatment of venereal diseases too must be given special care

and attention at this time. Blaschko is right when he speaks of the impracticability of dismissing persons infected with venereal diseases from the hospitals to make room for the wounded. Here in Vienna this difficulty was evaded in a very happy manner. Of course here as everywhere else even the dermato-syphilitic clinics and wards of the hospitals had to give up all or most of their rooms for the accommodation of wounded soldiers, but the health department, fully cognizant of the importance of the question, has at my instigation responded in an unusually praiseworthy manner by establishing a large emergency hospital with 540 beds for venereal diseases, an ample substitute for the above mentioned loss, and used a great deal by the military and civilians.

As for prophylactic measures on the way to the front and at the scene of the war itself, the only thing that can be done is to let the military and the local civil authorities coöperate in such a way as to reduce the possibility of infection to a minimum, which means closing all brothels and arresting and interning all registered and clandestine prostitutes.

As concerns the menace to the civil population in the form of infected discharged soldiers returning to their homes after the war—the army sanitary administration bears the full great responsibility and it must absolutely be demanded that all troops before being discharged be subjected to a careful medical examination and that all those found infected be immediately assigned to proper treatment.—*Wiener Klinische Wochenschrift*, November, 1914.

WAR, PROSTITUTION, AND VENEREAL DISEASES

PROF. ALBERT NEISSER

Breslau

From the most varied sources comes the news that in those army units which at home or at the front have the opportunity to get into connection with prostitutes a very considerable spread of venereal diseases is already noticeable and to a degree which seems by far to surpass the prevalence of the evil in the Franco-Prussian War. And this great evil deserves our most serious consideration and action.

1. In the first place the demand of the men must be combated. This may be accomplished only by very strong warnings and admonitions to the troops to be continent, and especially by instruction about the great danger which lies in all intercourse with prostitutes. We are

certainly not exaggerating when we assume that every prostitute who yields herself to the soldiers is diseased, or at least, considering the large number of cohabitations in which every prostitute takes part in the course of a single day—my correspondents tell of thirty to forty times—becomes diseased in a very short time. Direct prohibition of sexual intercourse to the men is not to be thought of; there is too much danger that infections will be kept secret. But we could with far more success appeal to the honor of our troops, showing them how disgraceful it is for a soldier to withdraw from the ranks in such a dishonorable manner, while their comrades fight on, braving the perils of war. It would have to be made very clear to the married men above all how great may be the danger for their wives and children if they do not return to them fully cured. And more than anything else the view that continence is harmful must be combated, even when hard to bear. The so-called want appears only when the seductive opportunity is present. If the troops continued on the firing line for weeks longer, no man would think of sexual intercourse. The doctrine of the "semen accumulation" is merely a convenient excuse. For experience teaches that it is easier to remain continent when for any reason one has had no sexual contact for weeks than when one has been practicing it frequently. The pause dulls the libido. And in cases of unusual stimulation ought not pollutions to take place and bring relief?

2. The greatest possible sanitation of prostitution must be provided for, so far as efforts are unsuccessful, by arresting them. I ask myself why this sharp but so useful measure is not relentlessly resorted to. This method of elimination is the most effective, since sanitation, in the case of the most prevalent venereal disease, gonorrhea, is impossible anyway, and because, considering the enormous number of visits of the individual females, not even a daily medical examination would accomplish the purpose, apart from the impossibility of performing a really good examination of prostitutes.

As regards syphilis, sanitation is much more conceivable. The capacity of all prostitutes for transmitting infection could easily be much lowered if every single one (without bothering about a special diagnosis) were subjected to an energetic salvarsan treatment, or perhaps treatment with salvarsan combined with mercury. If there should actually be one among them still uninfected with syphilis, the treatment would surely do her no harm. Since a weekly (intravenous) injection of salvarsan and mercury (mercinol) is sufficient to bring about the desired effect, I believe that this convenient mode of thera-

peutical prophylaxis could be easily carried out. Of course a complete cure will not be accomplished by this means, but the chances of infection will be so greatly diminished that from the point of view of our troops the effect would be a great success.

If it should seem undesirable to enforce such stringent rules against prostitution and against the soldiers, perhaps for fear that the latter might turn their attention to non-prostituted women and girls, then, I am convinced, there remains only the suggestion made by Lesser to supply the troops with prophylactics, viz., condoms. For there is no doubt that this mechanical means of protection is superior to all others because of its convenience and easy application. To many this suggestion may seem disagreeable for so-called moral or ethical reasons; from the sanitary-hygienic point of view it is certainly the best and most promising. Incidentally I would remind such persons that the thing at issue is not only the present health condition of the troops, but also the whole question of the misery connected with the diseases that come as sequelae to syphilis, and the prevention of the injury inflicted by syphilis upon posterity, the increase of which will be more important than ever in the coming decades.

But I must return in a few words to the question of the treatment of venereal diseases at the front, with special reference to the essay by Zieler in No. 1 of this weekly and his attack upon me. I had discussed in a short article in this weekly the question of whether and how venereal diseases of the fighting army could be treated at the front and had arrived on the whole—I will not go into detail—at a positive conclusion. Zieler, on the other hand, answers the question negatively,—“that a thorough treatment of venereal diseases with acute and infectious conditions within the ‘zone of operations’ is impossible or at least to be advised against emphatically and that patients of such a kind should as quickly as possible be brought to the provisioned station. Scientific ambulant treatment in the troop is impracticable even for syphilis, with very few exceptions, and should therefore not even be tried.”

I must of course admit beforehand that Zieler is better able to judge the war conditions and that my theoretical peace observations may seem worthless compared with his. Nevertheless I consider his standpoint, if I may say so, too pessimistic. I think also that he has set himself too high an aim. Zieler desires a “thorough” treatment, as we strive for in peace times, while I, of course only for the war, keep in mind the task of keeping down as low as possible the number of

soldiers withdrawn from active service because of venereal diseases as well as the duration of their withdrawal. To be sure this will leave many cases of chronic and infectious gonorrhea. In the case of syphilis, however, I believe a thorough treatment is quite possible, and with the same success we attain in normal times. But the disadvantages possibly resulting from incomplete cure in cases of gonorrhea are balanced by the very considerable military advantage of the early return of the thousands of warriors. Of course adequate provision made by all means must be for very careful examination by specialists before any of the troops are discharged at the conclusion of the war, of at least those men who during the war had any form of venereal infection, in order to prevent the married men above all from carrying the diseases into their families.

Now, where and how should treatment be carried on at the front? As far as gonorrhea is concerned I agree unquestioningly with Zieler that with cases of acute gonorrhea the best thing to do is to take them out of the troop as soon as possible unless well-trained specialists can devote a few days of quiet to effecting abortive cures. As far as my knowledge goes, in a war like this in which permanent positions are taken up, there are not seldom days in which the individual soldier may have comparatively much rest, while with the marching and fighting troops a gonorrhea treatment necessitating several injections daily is out of the question. On the other hand, referring cases to a regular hospital when there are no complications is entirely superfluous. Those patients, to be sure, need periods of rest without strenuous duty, but not finely fitted hospitals. I believe the surmounting of all these obstacles must be possible through the creation of a new system adapted to our plan. As far as syphilis is concerned, however, I continue strong in my conviction that sufficient treatment can be effected even in the marching troops and certainly in those stationed in permanent positions.

If in the case of troops who are exposed to the dangers of infection (in large towns with women who prostitute themselves) sanitary examination is conducted to any degree, almost all cases of syphilis can be discovered while still in the primary stage. If they are treated immediately, either an abortive cure is at once effected, or at least they are certainly saved from secondary conditions which come in for the most serious consideration because of the danger of extra-genital infection of the other soldiers.

And is it really quite impossible to carry along the little capsules of

neosalvarsan and the small bottles of mercinol? And perhaps a liter of distilled water, enough for at least fifty intravenous neo-injections, so that the small portion necessary for a single injection need only be boiled up again? Is there really no time once a week to perform the neo-salvarsan and oleum cinereum injection, which can be done by every practiced physician in a few minutes? Since moreover it is not even necessary to observe the intervening time so punctiliously, whether six or eight or ten days! And at the most, six such injections are necessary. Thus we may have an admirable, in many cases even an abortive cure.

As for the subjective and objective complaints, if neo-salvarsan is used (with proper dosing and technique) they amount to nothing; likewise the gray oil may be used with effect (if one does not confine himself to the simple salvarsan treatment). At all events I should think it must be possible to effect these eminently important cures as well as the typhus vaccinations with their none too rare disturbances. The danger of stomatitis, too, is not great enough to cause me to send an otherwise able-bodied man to the hospital.

In short, I continue firm in my conviction that an ambulant treatment for syphilis at the front is in most cases feasible. I would naturally go too far if I were to extend my demand to all cases of syphilis or the majority of the cases of gonorrhea. Zieler, however, goes too far, I think, in denying the possibility of it so gruffly and will not even try it out. I believe that in such adversities every factor at all usable must be taken into account. Then the given conditions of time and place will determine whether a certain cure should be tried or rejected; under certain circumstances even the number of patients will be the determining factor.

In any event one postulate must be fulfilled: the very considerable number of skilled specialists in the German Army who are now being employed in interior-medical and in surgical field hospitals must be used more than heretofore for the special task of combating and treating venereal diseases. And for the future it must be seen to that every physician in our special branch be so widely trained as to have complete command of the modern treatment of gonorrhea and syphilis. Perhaps then the experience and added knowledge gained in the war will be the means of our attaining the inclusion of the special examination in the state examinations, a thing we have been striving for this many a year.—*Deutsche Medizinische Wochenschrift, January, 1915.*

WAR AND VENEREAL DISEASES

PROF. ALBERT NEISSER

Breslau

Whoever is concerned in the education and instruction of the lay public about the dangers and the significance of venereal diseases knows how hard it is to find the proper means of an effective presentation for the great mass of those to be instructed. If one describes the dangers as they really are, that is in gloomy colors, in order to give a most impressive warning, then sometimes timid and nervous persons are so affected that serious disturbances often developing into mental diseases result. If the instructor represents the danger of venereal infection more mildly, the success aimed at by the instruction becomes rather doubtful in the case of reckless youths. What then is to be done?

Of course the first and foremost fact, to be stated in the most impressive manner, is that venereal diseases are actually diseases that must be taken very seriously, but on the other hand it must be stated most emphatically that (1) the very sad effects of which the layman hears so much are not inevitable; they certainly may appear, but they need not; and (2) these serious after-complications occur almost solely in the case of patients who have had poor treatment or none.

But to make the treatment a good and successful one requires not only a practised specialist with years of training—quackery and nature-cure fail here completely—but also sensible patients who follow directions and do not give their own opinion or “think” in matters they know nothing about! And the first and most important command is: Go to the doctor as soon as possible! The sooner treatment can be started, the more easily and surely can the disease be cured.

What is true for peace times is all the more true for times of war. What is the significance of venereal diseases for the army?

In the first place, thousands upon thousands are withdrawn from the fighting army for weeks. But they are not only missed as fighters, they also cause expense and great obstruction through their transportation back home and through the necessity of establishing hospitals for thousands who were not wounded by the enemy! They burden the doctors so necessary for the care of the wounded. And besides, a person infected with syphilis who does not come up for treatment early, perhaps from complete ignorance of his condition, or, insufficiently treated but externally sound, remains at the front, such a syphilitic often prevents the successful healing of a wound later on, endangers the

doctors treating and operating on him through the transmission of poison from the blood, and endangers his comrades lying in the trenches with him when eating and drinking utensils are used by all in common without sufficient cleansing. Two cases of such accidental infection from man to man have already been reported to me.

If it were only a few who meet with the fate of venereal infection no such weight would be placed upon the withdrawal of these infected troops. But it is always thousands and tens of thousands who in every war are withdrawn from the fighting troops in such an inglorious manner.

In the war of 1870-1871 there were no less than 33,538, that is, almost an entire army corps, of men with venereal diseases in the hospitals. What the figure will be in the present war, can of course not be determined yet; but it will certainly become very large, if I may be permitted to judge from the reports and experience published up to the present time. Both the garrison and training troops at home and certain of the divisions at the front already have a large number of men ill with venereal diseases, from which number, to be sure, those cases, by no means rare, in which the disease was contracted in peace times must be subtracted. . . .

But the very worst part of the venereal diseases is not the diseased condition immediately following infection but the ailments frequently developing in later years, when the war is long past and the old infection already forgotten, and the transmission of the disease to the family after the return of the troops to their homes.

Certainly we are justified in asking the question: "Shall we not have cripples and dependents enough to provide for as a result of wounds and hardships?" Cannot the family at least be spared this misery and the nation this enormous financial burden brought about by the venereal diseases? And we know how often the seemingly healthy, believing themselves really cured, infect their wives and so frequently make healthy progeny impossible. And yet after this war there is nothing our country will be more in need of than a growing population!

At the same time we must most emphatically call attention to the fact that in this question of population gonorrhea is almost of greater significance than the otherwise so terrible syphilis. It is shown that in Germany about one-tenth of all marriages remain sterile, childless. In no less than one-half of the childless marriages gonorrhea in the man or the woman is the cause of this barrenness.

But all the more urgent must be the warning issued to those who are

in health: Do not imagine that in refraining from intercourse with women you are harming your health. The opposite is true! Always remember the danger of almost inevitable infection. Avoid alcohol as the worst seducer to sexual intercourse! Remember the injury to yourself, your family, your Fatherland which you may cause in acquiring such a disease. Therefore, be continent—and if you possess the good-will you can do it—and you will remain healthy!

And without being a moral preacher I may add: Should not every man who, inspired by the sacred love of country, went off to the war, see clearly after quiet deliberation how greatly he compromises his duty to his Fatherland when, following the impulse, he recklessly exposes himself to the danger of becoming diseased and incapable of fighting? Is it not disgraceful for a man to place himself outside the ranks of his fighting comrades because of such a disease? Is not the number of those who have fallen and been wounded before the bullets of the enemy great enough already?

But to the sick we may call: If you have had the misfortune to be infected, see that you receive good treatment as soon as possible. Follow the advice which physicians are able to give you so successfully on the basis of the progress of science. Remember that after the first diseased conditions are cured you are not yet well, that you can still be dangerous, and that a good specialist must continue to advise you. You have your fate in your own hands! With good and careful treatment all the much feared effects of venereal diseases can be avoided with almost entire certainty. Yes, we may almost say: There is no disease that can be cured so surely as syphilis—provided physician and patient do their duty.

Of course administrative measures by our military authorities can also be of great use:—

1. Most thorough and indiscriminate suppression, confinement, and guarding of all prostitutes; where there are brothels, closing of the same; at the least, daily examination of the inmates by special physicians.

2. Emphatic instruction and warning of the troops as part of the service, even with certain threats of punishment in cases of too great carelessness. I realize that thorough success cannot be attained through penal regulations, but perhaps an improvement of the conditions. And at the front particularly the idea must be much more forcibly presented to the soldiers: "Where there is the good-will to be continent, venereal infection can be avoided." Perhaps it will fall upon more fruitful ground if accompanied by an allusion to the dis-

honor and shame of being disabled because of a venereal disease as opposed to a wound received before the enemy.

3. Establishment of special hospitals easily reached from the battle-front, employment of the many specially trained doctors for these special hospitals. Perhaps then the treatment of soldiers at the front with venereal diseases will be more frequently applicable than is the case at present.—*Frankfurter Zeitung, January, 1915.*

PROSTITUTION IN THE ARMIES AND THE FIGHT AGAINST IT

FROM A REVIEW OF THE ESSAY BY HABERLING

DR. KATHERINA SCHEVEN

Dresden

We are not of the opinion that the author in these suggestions has met the question squarely or contributes anything at all of value in combating venereal diseases in armies. He also commits the great mistake of seeing in prostitution only a female problem and therefore fashions his regulations only for the prostitute. He also takes the point of view that it is man's good right to demand the opportunity for sexual intercourse in every condition of life—even in war—and that it is therefore the business of the authorities to obtain healthy material for the masculine desire and keep the sick material away, if necessary, with vigorous measures. He seems not yet to know what has been admitted for years at all scientific congresses, namely, that no woman occupied in prostitution can long remain healthy, that no physician can in a single examination determine with absolute certainty whether a professional prostitute is well or diseased, and that therefore check-cards—which would mean a continuous seduction of our soldiers to sexual intercourse—are a highly dangerous institution. As has always been the case with reglementationists of the old breed, Dr. Haberling moves in a vicious circle. We are convinced that the only way to successfully combat venereal diseases in a fighting army is to proceed with severe measures against prostitution and the brothel nuisance behind the front and as much as possible to remove from the soldier's path all opportunity for immoral intercourse. It is ridiculous to declare that sexual abstinence cannot be expected of the soldier. Things are expected of the soldier that are a great deal more difficult than that. Instead of brothels let soldiers' homes and recreation cen-

ters be established behind the front; let the soldiers be forbidden very strictly to meddle with women (the soldier is used to really obeying strict commands); let the officers be enjoined to set the men a good example; and let efforts be made to win over the superiors of all troop units to the idea that it is a stain upon the honor of a soldier to withdraw himself ingloriously from the Fatherland through a sexual infection for which he himself is responsible. In the terrible earnest of the present situation, while our husbands and sons in heroic self-denial are accomplishing wonders of fortitude, while millions of hearts are quaking and trembling in anguish for their dearest treasure, it seems like a cruel irony upon the sacred gravity of this historical moment when from the standpoint of our doctors the excesses of the soldiers are evaluated as something quite normal. If, considering the weakness of human nature, they cannot be entirely suppressed, at least let us not forget to combat them at the heart of the evil—man himself.—*Der Abolitionist*, June, 1915.

THE WAR AND VENEREAL DISEASES

DR. A. BLASCHKO

Berlin

We have already called attention to the grave dangers which threaten our population in the present state of war from the evil of prostitution and the venereal diseases following in its wake. Sooner than we expected, the fears we expressed have been verified. From almost all the larger garrisons come reports of the great number of soldiers with venereal diseases. Everywhere in the hospitals whole sections are filled with men who contracted their illness partly in their native garrisons, partly in French and Belgian brothels, or from wandering Polish prostitutes. Among the diseased is included a large number of reservists (Landsturm and Landwehr), whose illness is the more dangerous in that there is much reason to fear that after their return home they will transmit their diseases to their families. No small contingent is made up of those men who are on leave and of convalescents who very often acquire a venereal disease before they return to the front.

In the first two months of the war, when our troops were advancing through Belgium and France, in strenuous forced marches, there was little danger of a venereal epidemic. This has changed since the war has developed into a war of positions, extended in time and space. To

be sure the soldiers in the trenches who are exposed for days and weeks to the inclemencies of the weather and the bullets of the enemy have other things to think of; quite different, however, are the conditions behind the front. First of all there are the commissariat forces which follow the troops in long wagon trains and must camp at all times of the day in villages and along the road, so that they have ample opportunity and leisure to come in contact with the population. Then there is the lack of diversion in the way of duty, allowing the sex impulse to manifest itself more strongly. Most dangerous of all, however, are the provisioned stations or headquarters. They are usually small or middle-sized towns where the staff headquarters and hospitals are located and they form the midpoints of traffic between the front and home. Here, as a rule, a gay, busy life is developed. Here war has lost its worst horrors; here, 20 or 30 miles behind the line of battle, the ghastly grimness of it is not so apparent. The overworked troops rest here temporarily and gradually, with the increased quiet and certainty of existence, the sex impulse also asserts itself again. The reservist quartered in some private house and his hostess whose husband is away fighting on the enemy side gradually develop very friendly relations to one another, relations which are transferred to a successor as soon as the troops change their stations. From the standpoint of morality this is certainly to be condemned; from the hygienic standpoint at least no harm, or very little harm, ensues. The dangerous things are the brothels which are found in all small French cities and represent the very worst center of contagion. These brothels which regularly have no more than from three to six prostitutes are frequented extensively by our troops, and the opinion seems to prevail that these institutions should not only be suffered but even fostered as useful and indispensable. In Chauny, where only one brothel with three girls existed, which did not satisfy the "needs" of the men, several other houses were established. And it is thought that in this way a very useful organization has been created. Since so many women have been deprived of their supporters and their work through the misfortunes of war, all too great a number of them, sad to say, are ready for prostitution. It is expected that through regular medical examinations the danger from venereal diseases may be overcome. But how is this possible, even with daily examinations, since for every brothel girl there are thirty or forty visitors, any one of whom may be infected with a chronic gonorrhea? And what is done with these girls when they are found sick? They are confined in a room guarded very care-

fully by a member of the *garde civique*, but to remove them entirely out of the province of the soldiers does not seem possible.

In an essay by Haberling entitled "Prostitution in the Army and How to Combat It," the author suggests that whenever a number of cases of venereal disease occur in a place, a list of all public prostitutes be immediately sent to the commandant of the troops stationed there. Medical examinations should be repeated every eight days at least, all those found sick interned under military observation and those found healthy receive cards, as evidence, with the signature of the commandant and a list of the days of examination. The soldiers are then to be directed to visit only prostitutes who can show such cards.

I have already called attention to the fact in an article in the *Deutsche Medizinische Wochenschrift* that these suggestions are partly very practical and partly absolutely dangerous. Considering the difficulty of proving the presence of gonococci in the case of a girl infected with gonorrhea, even by means of a microscopic examination (and in war times such things are certainly not done very exactly), the hygienic value of the check-card is after all quite problematic. More dangerous still is the direction which positively refers the men to association with professional prostitutes, since this would often enough be regarded as encouragement or provocation, and as pointed out before, the check-card offers a most doubtful protection. If we are to take the stand that sexual abstinence in the enemy's country is an impossibility with our soldiers, then let us at least not be satisfied with half-way measures, but in the first place examine every brothel girl daily and then, above all, the soldiers visiting the brothels. If it seems undesirable to use the doctors for such examination work, then the subordinate members of the sanitary force may be entrusted with this task which is none too fine but also none too difficult.

Furthermore, all these places must be supplied with adequate means of protection. The soldiers must be in their quarters early—and this should be the rule in the enemy's country as well as at home—and above all report to the proper regiment doctor at the slightest suspicion of an infection in the sex organs. The keeping secret of a venereal disease in its initial stage is the only case in which I would consider punishment justified.

I personally, in opposition to many of my colleagues, am of the opinion that in a time which demands so many sacrifices of everyone, the demand of abstinence from sexual intercourse even for the soldier, who truly needs his strength elsewhere, is not an all too rigorous de-

mand. Only then could we prevent so great a number of soldiers from being made incapable of fighting at this early stage through venereal disease.

At home, however, the danger is almost greater than out in the field. Officers and men on leave and convalescent wounded, as we are told in a request of the "New Fatherland League" to the commander-in-chief on the borders, conduct themselves in the streets and public inns in a manner certainly not compatible with the spirit of the time. All these men, of whom a part are minors and another part composed of married reservists, succumb to the seduction of professional prostitution the more easily because in a metropolis they are without connections and must frequently dispense with proper companionship. Naturally, not much can be attained through prohibition, although the recently issued order not to extend leave after 8 p.m. has perhaps helped a little. (In practice this order does not seem to be very strictly obeyed.) The "League" also suggests that a proper form of entertainment be devised for the soldiers. This does not mean boring tea-parties, but social affairs on a large scale, as artistic evenings, theater parties, humorous plays, and dances in civic societies. It is believed, too, that such societies would be glad to coöperate in this cause.

The military authorities certainly deserve credit for their efforts justifiable in themselves, to make life happier during the short furlough for the soldiers who have suffered much at the front through privations of every sort or from wounds. But it must be seen to that these amusements assume a form which does not endanger the health of the men. To allow the soldiers going out for the second time a "free night," as is done in Frankfort-on-the-Main, according to the *Korrespondenzblatt für die Evangelische Konferenz in Baden* seems to us at all events a dangerous risk. All too easily the momentary danger to the fighting trim of the army from venereal infection as well as the constant danger for the entire nation, is overlooked. The question is by all means worthy of the most serious consideration.—*Mitteilungen der deutschen Gesellschaft zur Bekämpfung der Geschlechtskrankheiten.*

WAR AND VENEREAL DISEASES

Chief Physician Dr. H. Eicke recommends the following measures to prevent venereal diseases in the war:—

A. Measures against prostitution.

1. Examination of all public women, to be repeated once each week.

2. All those found sick to be interned.

3. Brothels to be placed under medical supervision. They make medical control easier and prevent secret prostitution. In the brothels themselves provision would have to be made for prophylactic treatment perhaps by installing a sanitary corps right on the premises which would also have to control the troops more closely.

B. Measures affecting the troops.

1. It should be the duty of every soldier to report for prophylactic treatment to a person in charge of such work as soon as possible, at the latest on the morning following, after sexual intercourse. The person in charge to preserve secrecy.

2. Every soldier who contracts a venereal disease as a result of disobeying the order given under (1) to be punished.

3. Those also to be punished who cannot give the name of the person infecting them.

4. Weekly hygienic inspection combined with instruction by the military doctor.

5. Keeping secret a venereal disease to be punished in every case.

6. Prophylactics to be held ready in the soldiers' quarters as has happened hitherto.

7. The following memorandum to be distributed among the soldiers:—

•
COMRADES!

It is important now to call your attention to dangers which threaten you as men. For months you have been in the enemy's country and a long time will pass before you see home again. Most of you, no doubt, have had sexual intercourse before the war and now that you have had to abstain so long a time, the impulse is asserting itself again. No doubt loose women and girls offer themselves to you who make a business of the prostitution of their bodies. As a result of their calling they are all sick and transmit to you, if you associate with them, diseases like syphilis and gonorrhea, treacherous diseases which not only unfit you for fighting for weeks and months, but which you even transmit further to your families and which in a twelvemonth may even bring you to the insane asylum. Each one of you must exert sufficient strength of will to keep away from these females. If you always avoid excess of alcoholic drinks which heat your blood and perhaps cause you to forget your good resolutions you will be less likely to fall into temptation. It is not true that even months of sexual continence harm you in health. Only those who follow the advice given here for their good will remain healthy. Of course many of you find it very hard to control the sex impulses and many believe, in youthful thoughtlessness, that because they have hitherto remained healthy they are immune to such diseases. To these men we also appeal; these too we want to advise. Above all, then, go

only to women whom you know to be under medical supervision. But even with them safety measures must not be disregarded. Painful cleanliness is absolutely essential. Wash, and wash again! Above all do not fail to report immediately, without shame and without fear of any punishment, to your quarters, where further safety measures can prevent a still possible infection. Let all, however, take this exhortation to heart once more. Abstain now from sexual intercourse, then you will surely remain well and preserve your health for the great tasks of the time. And thus you will earn the gratitude of your country and your family.

—*Medizinische Klinik*, No. 24, 1915.

DISEASES IN THE WAR

PROF. W. SCHOLTZ

[From a lecture delivered before the "Verein für wissenschaftliche Heilkunde zu Königsberg," March 22, 1915.]

As regards the frequency of venereal diseases among our troops I wish at the outset to oppose the frequent exaggerations on this score. Naturally with the present army of millions the total number of soldiers with venereal diseases is rather large, but the percentage figure of infections is probably by no means serious and according to all prognostications will not exceed the peace figure very much. This certainly holds true here in the east. In the west the conditions may be a little less favorable but even there a serious massing of venereal disease seems to exist principally in detached troop divisions like garrisons in large conquered towns, provision trains, and similar army divisions which operate mostly behind the battle line.

As to this part of the east, particularly according to the statistics of my hospital, the number of venereal infections within the range of operation for the standing army (as much of it as is stationed here) is really very low. By far the greater number of infections occurs in the garrisons in which the troops receive their training, which means especially here in Königsberg itself. Moreover it should be remembered that not all the cases are attributable to the war but that a not insignificant part of the diseased troops entered the army already infected.

After all this we may assume that the percentage during the war in the army will not exceed the percentage in peace by very much. This was the case also in the war of 1870-1871. At that time, too, the percentage of men ill with venereal diseases was about the same in peace as in war—a little over 4 per cent per year. Since meanwhile the percentage in peace time has fallen considerably and amounts to

only a little over 2 per cent for the year, we may hope that in the present war it will fluctuate between 2 per cent and 3 per cent (the percentage among students at the large universities) to 16 per cent (business men) to 8 per cent (workmen, in metropolitan districts); it is quite certain that the present war of the nations, with its armies of millions of men, will effect a decrease in the number of persons having venereal diseases within the entire male population. Considering further immediate compulsory treatment and the interning of all the diseased persons in hospitals, the necessary conclusion is that the war must lead to a far-reaching sanitation of the male population.

Then we need not only not fear an increase in venereal disease in the total population, but as a result of the sanitation of the unmarried male element which is being accomplished during the war, we shall even be in the happy position after peace is made to apply practical measures to bring about a decrease of venereal disease in the entire nation.

Seriously high, however, and considerably higher in percentage than in peace times, is the number of infections among married men alone, for according to my statistics and those of other authors, fully one-third of the infected troops are married men. Since just the opposite is true in peace times, the percentage of cases among the unmarried in the war assumes an even more favorable aspect as opposed to peace times than appears above. And the married do not come into consideration as a factor in the progressive spread of the scourge within the nation.

This important fact of the far-reaching sanitation of the male population must be taken immediate and full advantage of even during the war and particularly at the close of the war, for the good of the entire nation. Now or never is the time for far-reaching and really effective attacks upon venereal diseases.

The necessary measures for the accomplishment of this purpose should be, according to my view:—

1. Completing the sanitation of troops at the time of discharge in such a manner, that at the very beginning of peace negotiations when it is customary to dismiss part of the troops, or at least when they are easily dispensed with, all soldiers formerly infected with a venereal disease should be given another careful examination in special hospitals (in cases of syphilis also examination for Wassermann reaction) and in case a complete cure has not been effected, given a second treatment. Further, all the remaining troops which are to be discharged should be examined by the army doctors for venereal diseases and, in

case of infection or suspicious symptoms, hospital examination and if necessary hospital treatment should be given. Very particular importance and care should also be attached to the examination or treatment of married men.

2. Instruction concerning personal prophylaxis through compulsory application of the same throughout the entire army during the war.

3. Prevention of widespread renewed infection of the male population toward the end of the war and after the conclusion of peace: (a) Through the earliest possible energetic measures for the sanitation of prostitution. Such energetic action is without doubt made easier during the war; it would have to begin at the latest when peace negotiations are begun. (b) Through measures aimed against extended excesses on the part of the discharged troops, since with the return of the troops to their homes illegitimate intercourse, as is well known, often assumes very great proportions. (Distribution of circulars, admonitory addresses to the troops upon their discharge, etc., etc.)—*Deutsche Medizinische Wochenschrift*, June, 1915.

PROPHYLAXIS OF VENEREAL DISEASES AT THE FRONT

DR. KURT MENDEL

Garrison Physician in Chauny

[In reply to an article in the *Deutsche Medizinische Wochenschrift* by Prof. A. Buschke, directing physician of the Dermatological Military Ward of the Rudolf Virchow Hospital in Berlin.]

Buschke states in his article that, according to the results of investigations in his hospital, several soldiers had been infected in a brothel in the city of Chauny in northern France, and continues as follows:—

“Since, as I have been told, there also exists a large hospital in Chauny no doubt quite a number of soldiers have been and are still being infected. I have therefore informed the medical division of the war department of the facts; through this channel the matter may be brought to the attention of the army chief concerned who may then have the brothels closed or else order them to be regularly supervised for purposes of sanitation. At all events this will open the way to choking up the sources of venereal infection in the enemy’s country. Infection occurring otherwise is due to vagrant prostitution in which case of course nothing can be done.”¹

¹ This reasoning has remained unintelligible to me.—K. M.

As I have been acting as garrison physician in Chauny since September 28 and therefore feel in a measure responsible for the sanitary institutions here, I take the liberty to make the following reply to the statements quoted above:—

It certainly did not require the admonitions of Buschke and his notices to the war department to call the attention of the commandant or the responsible physicians here to the dangers our soldiers run during their stay here. The following explanations will show, moreover, that long before the present writing everything has been considered and every action taken to prevent as much as possible the further spread of venereal diseases.

Let me say in the first place that a possible order of the war department to the army commandant here "to have the brothels closed or else regularly supervised for purposes of sanitation" would remain without effect because since the beginning of the war a brothel no longer exists in Chauny; at that time it was deserted by its inmates and the key of the public house turned over to the Mayor's office. In two houses of the city, to be sure, sexual intercourse later developed into a brothel-like activity. These places, however, were very carefully watched by the sanitary squad from the beginning and as soon as it could be proved that they were the source of infections they were closed; the women living there who were diseased were interned, together with all other Frenchwomen found to be afflicted with venereal disease, in a special building where they were guarded and given treatment.

Finally, in the case of every soldier reporting sick or found diseased in the medical inspection, I searched most thoroughly for the source of infection, found it almost without exception, and permanently interned the transmitter of the disease in order to prevent further contagion.

That we have devoted special attention to the prophylaxis of venereal diseases from the beginning is shown by the following presentation sent in by me to the military authorities on November 5, 1914. I quote the following sentences from it here because of their more general interest:—

The means for preventing the further spread of venereal diseases recommended for our garrison and tried in other places seems insufficient to me: the establishment of brothels in which it is attempted by the aid of regular medical examinations to intern only uninfected women is dangerous, for through this means the soldiers are actually directed toward intercourse with prostitutes,

sexual intercourse, particularly extra-marital intercourse of married soldiers, approved, as it were: the isolation of all women infected with venereal diseases is an impossibility because their number is too great and certain proof of their being diseased would be possible only through daily examinations; supervision of those houses in which particularly much sexual intercourse is practised, say by a sanitary squad whose duty it would be to examine the visiting soldiers for venereal diseases (a method that is applied in China), would prevent the spread if the diseases for only a comparatively small number of cases, aside from the fact that by this method many who are in reality infected would pass through as healthy; regular examinations of the troops by physicians cannot be conducted frequently enough really to prevent the spread of venereal diseases to any considerable degree; recommending the use of condoms, medicine-droppers, or similar things, by the men, experience has shown to be of no great avail, especially as the use of these means of protection is abhorred by many because of the lowering of the intensity of sexual pleasure, nor does their application by any means afford a sure protection against venereal infection.

The best means of checking energetically the further spread of venereal diseases seems to me to be the demand of complete sexual abstinence of the soldiers in the field. The war demands so many and such great personal sacrifices and the individual, as the previous history of this war has shown, offers these sacrifices so gladly and willingly, that the demand of abstinence from intercourse with prostitutes or loose females for the length of the war seems absolutely practicable and attainable. The troops in the spirit of voluntary sacrifice will add this to the rest as a further measure of self-denial, especially when they realize that their own personal good is concerned; the army would be able to retain a great many soldiers who are otherwise disabled for weeks by venereal infection; the serious later complications of diseases, which, as experience shows, every previous war has carried in its train, will be prevented; and the women of our native land remain safe from infection and its disease-bringing effects.

Against making such a demand of complete sexual continence objection is often raised that by this means concealment of an acquired infection would be encouraged. Against this possibility I believe regular medical examination would afford sufficient protection. The infliction of punishment in cases of men who are, upon examination, found infected with a venereal disease and whose time of infection is determined, will serve as a further effectual deterring factor against the practice of sexual intercourse during the war.

I accordingly recommend that sexual intercourse be prohibited in this garrison, attention being called to the great prevalence of venereal diseases in this town, as well as to the dangers which lie in venereal infection for the soldier himself, for the army, for the women of our land, and that punishment be threatened in case of venereal infection discovered in the weekly medical examinations of the troops.

Should this demand, however, be rejected as too rigorous it may at least be requested that a weekly warning be issued to the soldiers in which attention is called to the prevalence of venereal diseases here and emphasis is placed upon the danger to which every man indulging in sexual intercourse here exposes himself.

This letter was turned over to the consulting health specialist and the higher authorities who made it the basis of detailed discussion. For obvious reasons they did not decide on the prohibition of sexual intercourse; they have, however, given the entire matter the closest attention.

Contrary to the opinion of Buschke in his concluding sentence, I believe on the ground of my experience here that in war-time particularly much may be accomplished against vagrant prostitution—and that is chiefly the kind that concerns us here in Chauny; because in enemy country merciless isolation for the entire duration of the war of all persons once found diseased is very practicable.

In spite of such measures, without the prohibition of sexual intercourse, no one can prevent venereal diseases from continuing to assume great proportions, especially in the provisioned garrisons,—not even Professor Buschke with his fine appeal to press and war department composed at the native hearth.—*Deutsche Medizinische Wochenschrift*, January, 1915.

REPLY TO THE ABOVE REMARKS

DR. A. BUSCHKE

Berlin

[In his reply Buschke, who quotes a letter sent to him by the sanitary division of the war department containing substantially the same facts Mendel gives concerning conditions in Chauny, acknowledges being mistaken about the source of infection of his patients and continues:—]

On the whole my further anamnestic investigations of the infections of soldiers with venereal diseases here in the public dermatological hospital under my supervision have somewhat modified my views about the brothel question. For it appeared that the greatest number of infections occur not in brothels but as a result of vagrant prostitution, which, in the main, accords with our peace experience. But if this vagrant prostitution is hard enough to get at in peace times, surely in war times difficulties might arise which are not always as easily overcome as Dr. Mendel represents, albeit his activity deserves all credit. I find that on the basis of the very facts before us I am bound to agree with those who see in well-supervised brothels—if possible by specialists—the best prophylactic measure; hence it seems best to me to keep the existing brothels in the enemy's country open and well

controlled. It is a well-known fact that in former wars the military authorities have even gone so far as to place medically controlled prostitutes at the disposal of the Army. That, of course, is out of the question for us and the above mentioned measure must be recommended as a substitute. Besides that, wherever possible, compulsory disinfection could be enforced among the soldiers and in the brothels,—that is, wherever this is at all possible under the difficult conditions of war. As is known, this plan has been worked successfully in the navy in peace times and I am told that even now it is being tried in several places in the land army. As a matter of course the soldiers should also be kept back from sexual intercourse as much as possible through instruction calling attention to the dangers of venereal diseases and through circulars such as the German Society for Combating Venereal Diseases has already distributed.

I must take issue very decidedly with Dr. Mendel's view that sexual intercourse should be forbidden the soldiers under threat of punishment. If Dr. Mendel knew the extensive literature on the subject, which as non-specialist, and at the front besides, he can naturally not be expected to, he might not have made this suggestion to the military authorities. In the excellent and exhaustive essay by Haberling on *Prostitution in the Armies, and the Fight Against It* we find the following sentence: "The thousand-year-old evil of prostitution in its relation to armed might, as we have here presented it, proves to us clearly that punishments, no matter of how cruel and barbarous a kind, have never been able to effect an essential limitation of prostitution. This principle has now been finally discarded." It was right, therefore, that the military authorities, who in this as in all other fields have shown the greatest intelligence and most thorough knowledge, did not accept Dr. Mendel's suggestion. Even under the much simpler hospital conditions here, where it is our duty to keep the soldier with a venereal disease away from the public, it is only with difficulty that the soldiers are deterred by punishments from leaving the ward by forbidden ways, at night, etc. Punishments, according to my experience, make almost no impression; we must strive rather so to adjust the methods of confinement in this institution as to make it as hard as possible for the soldiers to get away. How much harder would this be at the front!

On the whole, however, the detailed discussion which is being devoted to venereal diseases in the war is fully justified, not only because of its immediate significance for the fighting army but also and especially for the time after the war, considering the great influence

venereal diseases have upon sterility and the quality of the progeny which is to replace the terrific human losses we are suffering in this war. From this point of view it is very worthy of thanks that Dr. Mendel has told us of his experiences, even though we cannot agree with his conclusions.

WAR AND VENEREAL DISEASES

DOCENT DR. E. KLAUSNER

[Lecture delivered before Medical Society of Prague, January, 1915.]

. . . . We clinicians far from the scenes of war were interested first of all in the question of the extent to which the present war was influencing the sexual-hygienic conditions of our city—both the military and the civil population, or that part of it that concerned us as the working material which we handled in the ambulatoriums of the clinic.

Now, though the fact that venereal diseases, which are very prevalent even in normal times, have increased, cannot always be established conclusively, for even in peace times a sudden explosive-like increase of one or the other of the venereal diseases may be noted, yet I believe on the basis of long years of study of the sexual-hygienic conditions in Prague I may assume a certain right to report certain clinical observations which concern such marked fluctuations in the appearance of venereal diseases and such characteristic changes in the sexual-hygienic conditions even during the very first months of war, that they seem to me decidedly worth relating—the more so because as far as I know there have been no reports thus far of observations relating to the influence of the present war upon the sexual health of the civil population living far from the seats of war.

The first fluctuation by way of increase could be observed in the month of August, 1914, when thousands of reservists were assembled in Prague for mobilization purposes. Passing the barracks during this time and the parks lying near them one could see these places peopled all day, but especially in the evening hours, by a great number of females in most of whom one could recognize the familiar faces of the suburban prostitutes of Prague striving in an unequivocal manner to use the high spirits of the soldiers to their own advantage. The pouring in of the clandestine prostitutes from the periphery of our city naturally resulted in more extensive intercourse between these persons and the

civil male population. And so it is quite clear that in consequence of these conditions the number of patients in the ward assigned to the treatment of prostitutes mounted rapidly, often assuming such proportions that for lack of ward space for the prostitutes brought in it was necessary almost daily to discharge some of the females admitted the day before, where the cases were chronic and slightly infectious.

Especially noticeable in conjunction with the great number of cases of secondary syphilis among the prostitutes brought in was the increased number of fresh luetic infections among the male civil population, a fact which could be established with certainty, since in the months of September and October several cases with primary effects were often found in a single day among the patients of the ambulatorium, so that the clinic was at this time treating a large number of freshly infected syphilitics, while in recent previous years weeks often passed without bringing the clinic one case with a primary infection. As for the two other venereal diseases, chancroid and gonorrhea—in these two, especially in the latter, a distinct increase took place.

This picture of the sexual-hygienic conditions in Prague changed quite suddenly within the next few months when the greater part of the troops had left the garrison and also the number of young male individuals of the civil population had decreased considerably as a result of the call to war service. The number of patients in the ward for diseased prostitutes which in normal times amounted to forty or fifty and which as already related had mounted to a maximum just the month before, now dropped rapidly, finally sinking to a minimum never known before in the course of the last thirty years. The obvious explanation of this remarkable decrease is the decrease in the masculine material which clandestine prostitution in particular counts upon. The situation thus created for the prostitutes may best be illustrated by the fact that during this period a great many of these girls came to the ambulatorium without cogent reason and actually begged to be admitted while in normal times these females avoid the ambulatorium altogether. The needy condition of the clandestine prostitutes also caused many of them purposely to have themselves arrested by the police, as they declared when brought in, for the sake of finding shelter in the ward.

The aspect of things changed again in the last two months when a large number of recruits were concentrated in Prague for training and at the same time a great many wounded and convalescent soldiers were being quartered in our city. Immediately a rapid increase in the

number of patients in the prostitutes' ward could be noted and at the same time the number of venereal patients was raised by the addition of many infected men, especially soldiers, in the clinical ambulatoriums. It was at this time, moreover, that the auxiliary hospital for the treatment of soldiers with venereal diseases was established, which, as I was able to determine, had an unusually large number of patients in these days. The most serious condition resulting from the spread of venereal diseases among the soldiers was the marked increase of infection of married women upon the return of their husbands from the front. Isolated cases of this kind were observed at the time of mobilization and in many women with florid secondary syphilis I was also able to determine anamnistically that the date of infection coincided with the period of mobilization. The quartering of very many reservists living in Prague itself in the barracks naturally encouraged a freer life and the sanitary conditions pictured above, with clandestine prostitution coiling itself about the barracks particularly, further increased the possibility of venereal infection of the women by their husbands. But recently, through the return of the men from the front, the cases of conjugal infection with syphilis and gonorrhea have increased to a very marked degree. This most lamentable fact brings about a danger not to be minimized, the danger of the endemic spread of venereal diseases; for it is possible that through the infected husband the disease, in most cases quite florid and because of the unusual circumstances naturally untreated, may be endemically transmitted—even by extra-genital means—to the remaining members of the family in particular and the environment of the infected man in general. Such cases we have recently observed in the clinic; in one of them, for example, mother and child were infected with gonorrhea by the returning husband. To what extent venereal diseases prevail among the soldiers in the two different theatres of war I cannot say with any degree of certainty from the quality of our infected material. Yet I must make mention of the fact that the infected soldiers from the southern theatre of war uniformly tell about the great prevalence of venereal diseases in the army of the south.

(Among the usual suggestions for prophylaxis, etc., Dr. Klausner recommends: Limitation of leave for soldiers in hospitals and convalescent homes; regular examination of these men for possible presence of venereal infections. Careful examination of all soldiers who go to their homes for rest and care, and relentless transfer of all those infected with venereal diseases to one of the hospitals mentioned.)

IN DARKEST BELGIUM

THE FIGHT AGAINST PROSTITUTION

[From an article by the War Correspondent Paul Schweder.]

A very "liberal" legislation and the same sort of police regulations make it very hard for the girls to free themselves from the hands of the "enterprisers." On such ground the moral views of the community must be of a very lax nature. Growing industry and rising commerce have done their part in making conditions worse, and the three great world's fairs in Brussels, Liège, and Ghent, all in the last decade, with their concentration of people streaming in from every land, have hardly exercised a morally elevating influence.

And so our troops marching into Belgium found beside the general lack of discipline some very miserable conditions in the field just spoken of. Hence it was one of the first and foremost tasks of our army authorities and the general government instituted for Belgium to create a change as much as possible, not only in the interest of our soldiers but also in the interest of the Belgian natives themselves. By a mobilization of doctors the government worked hand in hand with the German morals police. Privy Councillor Prof. Pannwitz, the well known leader in the fight against tuberculosis, was given charge of all hospitals in this territory and Crime Commissioner Dr. Gebhardt, of Leipsic, was appointed supervisor of the morals police, with headquarters at Brussels. A number of criminal officers from Berlin, Hamburg, Leipsic, and Munich were sent to him as assistants. Thus, within recent weeks, a systematic organization for combating the bad moral conditions in Belgium especially in Brussels, has been established.

The German General Government has received much valuable aid in its work from the women. Just as the success of the fight against tuberculosis could not have been attained without woman's coöperation, so in combating the bad moral conditions in Belgium, especially venereal diseases, it has been deemed indispensable. The early prudishness has long since given place to the more intelligent view that here a very necessary work must be done for the preservation of our army and hence of our nation. In general it has been observed that prostitution in enemy country has increased during the war. Neediness and lack of employment, supplemented by a certain careless view of life of the people are probably the main reasons for this condition. The

first thing done was to provide thorough hospital treatment for the diseased girls. Then, when experience led to the discovery that a great number of prostitutes established themselves wherever large bodies of troops were collected, all those girls not belonging in the city in question were sent back to their homes by the hundred.

Most attention was paid to clandestine prostitution which plays the greatest part in Belgian cities. This is clearly shown, for example, by the fact that in Brussels only about a hundred and fifty girls report regularly for control, while every visitor knows that hundreds people the streets. With the aid of the Belgian authorities began the task of clearing the streets of prostitutes, and it was done by means of the so-called Copenhagen system. The infected girls are taken to hospitals where they lie entirely separated from those already under control. It has been rightly said that among the former there are many girls who have been driven to this course by seduction, need, and unemployment and that most of them can still be led back to their former honest occupations.

For this purpose a committee of Brussels ladies of high rank has been formed to work hand in hand with the military doctors and the government. The undiseased girls, among those arrested, who have not been under control before, are sent home with a warning. Only after three successive warnings and after it is found out certainly that external circumstances are not the cause of the immoral mode of life, are the girls entered on the list. Before this point, however, the voluntary work of the Brussels ladies sets in. They make efforts to save the girls by visiting them in their houses, obtaining employment for them, and trying to awaken their latent honor.

Now as to the ways of preserving our soldiers from danger, experience has shown that educational books and brochures are not of much avail. Hence other courses have been tried. Thus trustworthy persons were posted at the depots who instruct the arriving soldiers in a comrade-like manner concerning the moral and physical dangers confronting them. Usually a sanitary guard is also stationed at the depots which distributes brief memorandum booklets. Further the soldiers are fittingly instructed in the mess-rooms by means of lectures. Successful work is done in coöperation with the sanitary troops by our army chaplains.

After these regulations it may be expected of the intelligence of our soldiers that it will be possible to attain conditions which will make an injury to the strength of our army impossible.—*Berliner Zeitung am Mittag, March, 1915.*

We abolitionists, too, will not deny our approval to these measures of our authorities, for we are no such sticklers for our principles as to demand that in a land like Belgium and in war times at that, regulation should be done away with at a stroke. That it is carried out in a more humane manner than heretofore and is connected with thorough rescue work with the aid of women is one great advance compared with the former conditions prevailing in Belgium.—*Der Abolitionist, April, 1915.*

VENEREAL DISEASES AND WORKINGMEN

In the *Wiener Medizinische Wochenschrift* Dr. Moritz Oppenheim has published the results of his experience in the *Ambulatorium für Haut und Geschlechtskrankheiten des Verbandes der Genossenschaftskrankenkassen in Wien* during the period from October 1, 1914, to September 30, 1915. From a comparison with peace years there appears to be a considerable increase in the number of cases of venereal diseases. The cases of infection among the workers below twenty years of age have doubled, but the age of the infected boys has fallen too, for even fifteen-year-old youngsters required medical attention. The author explains these conditions by the "high war wages, night work frequently in company with young female workers, seduction by prostitutes on the way home at night, heightening of sexual excitability through night work, richer food as a result of the better pay, and alcoholic excess." The greatest weight is probably to be laid upon night work, for the higher pay, which at all events is given only in isolated places of business, has long ago been equalized by the rise in the cost of food. But there are two other factors which play an important part: first, the conscription of boys of nineteen and since also of eighteen. (In reality they are even younger, since the calendar year is considered.) The juvenile worker who is called out in "defence of the fatherland" believes he is already a man and owes it to his manhood to practice sexual intercourse. Connected with this is also the matter of alcoholic excess at the time of drafting. This mode of excess is even so bad that in many places the serving of liquors at the time of drafting is forbidden. The second element, however, which applies in all ages, is the depraving of morality. The entirely changed living conditions, the daily uncertainty of affairs, the severing of family ties, the mixture of the population, need and worry, easy war-earnings—all these things have depressed the general morality and have brought about a moral

irresponsibility which has seized upon all classes of the population; they are responsible for the indiscriminate promiscuity of sexual intercourse which is the cause of the growth of venereal diseases.

Among those between the ages of twenty and thirty there has been an absolute decrease, but only an absolute one, for as the author emphasizes, these are the very years which are most subject to military draft, especially in the year under consideration, for the calling of the reserves began in February, 1915, with those classes. Therefore fewer workmen of those ages were at home and considered in these statistics. In the more advanced ages the number of the diseased is swelled again. In the years above forty it doubles, and above fifty the absolute number is even tripled. This may no doubt be explained by the fact that in the absence of a sufficient force of the younger workers more of the older classes were used, and then also by the fact that with the younger people gone to the front it became easier for the older ones to establish sexual connections.

The women, for obvious reasons, seldom visit the Ambulatorium, but even in their case the number has doubled. Most of those diseased are between the ages of twenty and twenty-five years.—*Volkszeitung, February, 1917.*

VENEREAL DISEASES AT THE FRONT

DR. W. FISCHER

[This is a collective review of essays appearing previous to March, 1915, on the combating of venereal diseases in the war. Almost all the preceding articles are included in the discussion. The concluding paragraph follows:]

Reviewing briefly the contents of the essays considered, the number of which alone gives some idea of the importance assigned to venereal diseases in the war, we find that there are in the main three cardinal questions with which the authors concern themselves.

The first is the question of prophylaxis. The demand of absolute sexual continence which is raised in different quarters bears no prospect of realization and success. One must simply reckon with conditions as they are, not as they should be.

The second point concerns the treatment of the already infected soldiers. Neisser's suggestion to carry out the therapy at the front, i.e., in the troop, should be rejected for two reasons, it seems to me: first, for the sake of the diseased man himself, and then because of the

danger of infection for those about him. The soldier in the troop cannot be so sharply guarded as to make it impossible for him to transmit his disease through further sexual intercourse to the female population and thus indirectly harm his own comrades. Hence dispatching all men infected with venereal disease back behind the front and strict isolation in special hospitals is very necessary. Of course for diagnosis and therapy a skilled and specially trained medical corps is needed. The military authorities in charge of this branch could perhaps see to it even more than heretofore that the proper persons are employed in these places. The creation of dermatological consulting bodies of the kind already existing for surgery and internal medicine therefore appears very pressing. Within recent months extensive measures of this kind for the sanitation of prostitution have been adopted especially for Belgium.

And finally, as the third point, the anxious question concerning the future of our people when a large part of our troops come home infected. "We need many and healthy descendants!" cries Abderhalden. "The entire future of our people rests upon them." In this struggle of the nations it is not the young men alone who had to go forth to defend the might and honor of the Empire; the married men too, who have already founded families, have been called to the colors and partly in the enemy's country, partly in large garrisons towns are exposed to the temptations of prostitution which is flourishing everywhere. Certainly circulars and instruction are helpful but who is ready to declare that these means can limit the evil to a noticeable extent? Of the danger in store for the home population after the war from the discharged troops, Finger speaks very forcibly, showing at the same time how this evil may be warded off. He places all responsibility upon the military authorities, demanding that all troops be carefully examined before being discharged and all those found infected be held for treatment. At the same time the way must be cleared for co-operation with the sick funds and the national insurance. Thus Finger shows that in his care for the present he has not lost sight of the future! The pecuniary sacrifices which such a measure demands of the state are without doubt enormous, yet it may be the only way to preserve our people and the coming generation from perhaps unsuspected dangers. Let us hope that in this vital question, too, the splendid organization of our state, which demands respect even of our enemies, will not fail us.—*Zeitschrift für Bekämpfung der Geschlechtskrankheiten*, May, 1915.

THE SPREAD OF VENEREAL DISEASES IN THE ARMY AND ITS PREVENTION

ANNA PAPPRITZ

If the essays which have been appearing under this title in the medical journals were to be collected they would make an imposing volume. Unfortunately the authors have brought out no new points of view; they only keep recommending the already familiar prophylactic measures, on the one hand personal prophylaxis for the soldiers themselves, and on the other the most stringent control of prostitution in the provision stations and the cities occupied by our army in the enemy's country. The effect is almost tragi-comic when one reads these regulations and considers how impossible it is to follow them at the front. The soldier who hardly has the opportunity to change his underwear and to observe the most necessary rules of cleanliness is to be made to perform manipulations upon himself which not only demand an enormous expenditure of time and care, but also necessitate a regular traveling drugstore of salves, droppers, cotton, and other things. Besides that, our doctors, who are working day and night to the point of utter exhaustion in the service of our wounded, are to undertake a daily control of brothels so careful that almost twice the present staff of doctors would be necessary. How this prophylaxis actually works out is described by Professor Blaschko in the *Mitteilungen* of the German Society for Combating Venereal Diseases (December, 1914). The very same sentiments are expressed in an article by the present garrison physician of Chauny, who considers the establishment of brothels as well as the recommendation of protective means dangerous.

If the picture which Professor Blaschko draws of the institution of brothels in the west is sad enough, conditions must be actually horrifying in the east, where, as I have heard, the female population is completely infected through the Russian armies. And yet there too brothels are being instituted for our soldiers, as the following letter from the *Frankfurter Zeitung* indicates. In No. 21 of January, 1915, Dr. Fritz Wertheimer writes in a report from the Polish theater of war: "All physical and spiritual pleasures are taken care of by the commandant at the headquarters station; his subordinate executive is a major, an officer's substitute. Since he has now become the head of a new business he is called in confidential circles by the title of commissioner of morals. Concerning the gay side of such headquarters activity

he will no doubt publish memoirs at some future time. With the recommendation of the perusal of this work, I take the liberty of passing over this delicate subject to the respectable pleasure of the baths. . . .” The revolting cynicism with which this wretched business is treated here is quite characteristic of the masculine attitude toward this serious question.

But not only at the front but at home as well the dangers which this system holds for our troops are very great. I quote the following note from the *Hamburger Nachrichten* of October 11: “A complaint has come to us from circles connected with domestic missions, stating that recently on a Saturday night it was determined by count that over three thousand men had business in the closed streets of our city.” In this connection the admonition is given to keep to a decent mode of life in the present hard times and to turn the money sacrificed there to nobler uses. Further strong disapproval is expressed of the custom of serving alcohol in these places throughout the night.

From these facts it is obvious that the suggestions made in the numerous articles in the medical press not only bring nothing new, but have already shown themselves to be without effect. It would therefore be much more effective in my opinion instead of discussing these questions solely in the professional journals to publish popular educational articles in the daily press as Professor Neisser has done in the *Frankfurter Zeitung*. But a single warning in one daily is not sufficient; this educational work must be carried into the entire press, including the smallest local sheet, and then only will it have an effect upon the general public and perhaps also influence the authorities.

How difficult it is for our efforts to obtain a hearing with the latter is shown by the answers which follow upon all requests of the kind. Among others the German Federation for the Protection of Juveniles has in conjunction with the German Society for the Combating of Venereal Diseases directed petitions to the Prussian, Saxon, Württemberg, and Bavarian ministers of war in which attention is called to the continued spread of venereal diseases in the army, warning given of the danger of brothels, and the following demands were made:—

1. To direct regiment commanders and hospital heads to instruct the officers and men subordinate to them, especially those not yet of age, concerning the dangers of illegitimate intercourse.

2. To forbid all military persons to visit brothels.

3. To allow evening leave to persons in the hospitals and to troops on furlough only when they seem trustworthy; to control evening leave as much as possible, and not extend it beyond 11.30.

4. To demand immediate notification of a venereal infection and location of the place of infection.

A petition of the League of German Women's Clubs to the Minister of War was answered as follows: "The receipt of your communication of November 13, 1914, is hereby acknowledged with the most sincere thanks for your efforts in behalf of the advancement of the military and public health. The recruited men are instructed about venereal diseases and their danger and also the circular published by the Medical Division of the War Department entitled "Beware of Excesses" is given them. Hence the War Department considers further measures affecting the individual soldier, particularly the distribution of two more circulars offered by the division, as unnecessary."

The above named societies received a similar answer. Plainer than this courteous denial is the practice which continues to move along in the old rut, a practice that must fill us with grave concern and with deep sorrow when we are forced to look on at the havoc venereal diseases are working with the health of our troops.—*Der Abolitionist, March, 1915.*

THE TREATMENT OF VENEREAL DISEASES AFTER THE WAR AND PHYSICIANS' FEES

DR. H. SCHÖNHEIMER

Health Councillor, Berlin

In a most exemplary manner our army authorities are working to render soldiers with venereal diseases harmless through timely cure and isolation. Yet it is apparent that it will be impossible to prevent infection being carried back into the land. We physicians have ample opportunity to observe to what an extent these poisoned darts are penetrating our country and those of us who carry on a gynecological practice see almost daily how the happiness of many a marriage is being destroyed by this scourge.

We are very pleased to note, therefore, that everywhere preparations are being made to combat this evil. We consider as one of the most effective means to this end the advisory posts for persons with venereal diseases. They can be productive of much good, especially if their peculiar mode of activity and active propaganda really attract sufferers and dispel all distrust on the part of the people. It is their business to see to it that every person afflicted with a venereal dis-

ease places himself under medical care as soon as possible, and that he does not quit it until successfully cured. We physicians must see to it that these advisory posts are established and carried on only as such, and do not develop into places for treatment. Because treatment—on that point we are all agreed—must not be taken out of our hands.

But if we consider timely and thorough treatment as lying in the public interest, then public organizations must be made to bear the cost of this treatment. For a large part of the returning participants in the war the sick funds seem to be the right authorities. Whether they really are, is questionable. For they are so constituted that their primary interest lies in making and keeping the sick person able to work again. This aim attained, any efforts of the managers beyond this point will be slight. At any rate we cannot expect that they of their own accord will urge their members to continue treatment. I cannot, therefore, regard it as a happy solution of the problem when the workmen's sick funds in many places are made regular centers of organization for the treatment of diseased men returning home from the war, while other institutions are only supplementary to these, concerning themselves with the treatment of those who do not belong to workmen's sick funds. For from the point of view of public health the essential thing is to prevent the spread of disease at its source, namely, the individual diseased body, not merely to restore the individual to his work and his daily occupations.

It seems much more practical, therefore, that, as is planned in Berlin, the national insurance companies should take the organization of medical treatment in hand and the sick funds pay a fitting contribution for being released from any of the burden. For the national organizations are far more interested than the sick funds in the permanent and complete removal of the evil. Besides this, they are much better prepared financially, at least in the strong industrial districts, to undertake the initial risk.

But who is to comprise the second party, i.e., treat with the physicians for the party bearing the costs? Since physicians are agreed that all doctors willing to do the work must be permitted to take part in the treatment, the first body that occurs to us as being representative of the profession is the united body of the various associations of physicians or their presidents. Accordingly, the president of the association of physicians in Berlin has coöperated to create a commission to come to an agreement with the president of the national insurance company. Thus far this plan has not shown itself to be a very happy one, for in the

negotiations the tendency has been to determine too precisely the officers who shall have jurisdiction and to deprive them of the very support which the associations themselves created with such care for the purpose of strengthening the position of the doctors; I refer to the committees for making agreements, whose logical agents of supervision and appeal are none other than the presidents of the chambers. It would be much more practical to organize a commission out of the entire body of physicians, its agreement to be subject to the approval of the agreement committee or the president of the association.

But what of the conditions to be agreed upon? As thorough and intensive treatment as possible must be the rule, guaranteeing the permanent removal of the evil and the danger of infection connected therewith. The first requisite, then, is that there shall be no form of single payment plan such as has unfortunately been in vogue all through the historical development of the sick funds. While I do not in the least mean to deny that many physicians would give individual and intensive treatment even under the single payment plan, still I believe in most cases it will be impossible to combat human nature. This sort of fee in its very nature is simply the equivalent for mass services; the single payment plan simply means treatment by rote. Such a procedure would without doubt defeat our aim. If real, thorough treatment is to be the rule, only payment for individual services can be permitted.

Secondly, however, the fee must be sufficient and proportionate to the importance of the treatment. Here, too, mediocre payment results in mediocre services. Physicians will willingly perform the many separate operations and manipulations (massages, injections, etc.) if they may expect fitting recompense for the complete treatment.

The important thing now is to get started and to start rightly, for the institution, in itself an excellent thing, will be followed by others. It will soon become apparent that the treatment of men with venereal diseases will not be sufficient; the infected married women, non-professional prostitutes, and finally even professional prostitutes will have to be given attention if the evil is to be rooted out. And finally, there are other diseases besides venereal diseases, the combating of which is very essential to the well-being of the community. All this will be done with the cheerful coöperation of the physicians but must not be paid for with their economic ruin.—*Deutsche Medizinische Wochenschrift*, October, 1916.

The German League of Evangelical Religious Blue Cross Societies has published a pamphlet for the combating of immorality among the soldiers from which the following facts are taken:—

We have received written information from a German city to the effect that, among 10,000 inmates of the hospital there, seven hundred are ill with venereal diseases, that is seven out of a hundred. Similar reports have been sent us from other German cities where there are large hospitals: everywhere large divisions of the hospitals had to be devoted to soldiers who were affected with such disgusting diseases—sexual ills.

The Magazine of the German Evangelical Society for the Advancement of Morality says:—

While several cities, conscious of the great responsibility, closed the municipal public houses immediately at the time of mobilization, or visiting the same was strictly forbidden the soldiers by the military authorities, grave complaints and accusations come from others—from those cities in which the city government deems it incumbent upon it to allow the existence of brothels for the immoral pleasure of the masculine world. We have trustworthy reports that in such brothel cities in the days of mobilization and likewise in the following weeks of the concentration and training of troops, the crowds of recruits, reservists and Landsturm men filled the brothel streets, while lightly wounded and convalescent men had themselves driven in cabs and autos to the brothel.

At the entrance to the brothel streets our sailors could be seen standing elbow to elbow in hundreds and even thousands. Reports from young Christian non-commissioned officers and soldiers have corroborated my vision.

A minister who in his metropolitan district is very much distressed because of the existence of the brothel evil which is suffered, not to say encouraged, by the municipal authorities, writes as follows:—

Conditions are worse than ever in the two brothel streets, particularly when the saloons are closed in the evening or when new troops are recruited. In one hour on a Saturday evening 397 men and on the following Sunday 450 men were counted who turned into these streets. That certainly tends to decrease our confidence in the happy issue of the war. But it is even more depressing to see wounded men entering or leaving the wicked houses. The command has been issued prohibiting the visiting of these places, but it is not enforced. The answer to all requests to the city authorities and to the quarters of high command is always: "We cannot close the immoral streets because of sanitary considerations (!)" and empty promises are made to prevent excesses in future.

(Here is the sore spot: the tolerance of the authorities toward sexual excesses. A terrible mistake even in peace times, it becomes a menace in times of war. The only means of saving the situation is to close all public places of immorality and prohibit to our troops all intercourse with prostitutes of any kind.—ED.)—*Der Abolitionist*, April, 1915.

MILITARY MEASURES AGAINST THE TREATMENT OF VENEREAL DISEASES BY CHARLATANS

The continued acceptance and publication of impure advertisements of quacks and persons making a business of "curing" venereal diseases has caused the commander-in-chief in the border districts to call attention to the public danger of such advertisements and to forbid their publication.

All newspapers appearing in the city of Berlin and the province of Brandenburg are hereby forbidden to accept and publish advertisements in which:—

1. Persons offer to treat diseases or ailments known as venereal diseases, including the conditions following them.

2. Objects or method of treatment are recommended which are supposed to serve for the relief or healing of such diseases.

This order does not apply to advertisements of duly approved physicians.

Berlin, November 23, 1914

The commander-in-chief in the border districts

[SIGNED] VON KESSEL, General-Oberst (Major-General).

DECREES OF THE BERLIN CHIEF-OF-POLICE, AUGUST, 1914

1. It is expected that shortly soldiers will be quartered in Berlin and vicinity. In the interest of public health it is therefore urgently ordered that all means be taken to restrain prostitution. The executive officers of the national police district of Berlin have received orders to keep particularly close watch upon registered prostitutes and all females suspected of professional licentiousness. Incidentally they are to watch those females who conduct themselves after the manner of prostitutes in public places (streets, halls, etc.) so openly and provokingly as to offend the moral feelings of their fellow-citizens. In future all such persons shall without consideration and without regard for person be arrested and given over to the proper authorities for temporary imprisonment and eventual infliction of probationary supervision by the "morals police." Considering the intellectual level of the metropolitan population, full understanding of the fact can be counted upon that in such serious war times when the defensive power and

capacity of the nation is the highest consideration, extraordinary measures must be taken.

2. The present exigencies of war-time demand in the interest of public health and public order a particularly energetic combating of the dangers of prostitution. I have therefore directed my executive officers to attack the system of prostitution without mercy. The registered prostitutes have been forbidden by me to enter any public halls or inns. Appreciation of this order on the part of proprietors is counted upon and it is expected that they for their part will supplement the activity of the officials and under no circumstances allow prostitution to show itself in their places in any form. Should this appeal to the moral sense and public spirit of the proprietors fail of its effect, I shall be forced against my wish to use special police measures. This order has been printed on white cards and posted visibly in all halls, cafés, and hotels in Greater Berlin.

3. The so-called *Animierkneipen*, which are considered by most inn-keepers the plague-spot of their business, are hereby ordered to discharge all their waitresses and buffet-mamsells within twenty-four hours. Otherwise these places will have to be closed. About seven hundred places of this kind, generally distinguished by a red lamp, come into consideration. It is understood that this order is not directed against inns in which (as in South Germany) women are employed, nor against the female employes of the large restaurants and cafés.

(Similar orders were issued in all the larger German cities. Everywhere at the time of the passage of our troops and recruits all brothels were closed; registered and secret prostitutes, the latter on their way from their rounds, were rounded up and held, and so our soldiers to a great extent escaped the possibility of infection.—*Sexualprobleme*, September, 1914.)

OVER FOUR HUNDRED ANIMIERKNEIPEN CLOSED!

The prohibitive order of the Berlin Chief-of-police concerning the employment of female help in the *Animierkneipen* has resulted in the extinguishment of something like four hundred of the familiar red or blue lanterns.

Since the female service here has ceased and also because of the hard times, the company resorting to these places became constantly

smaller and smaller, so that many of them thought it best to suspend business. The number of waitresses out of employ as a result of the law is figured at approximately a thousand. Close police observation prevents circumvention of the law by the employment of the former waitresses as "female companions." This has been frequently attempted, but the landlords and landladies concerned were strictly cautioned against continuing the practice.—*Sexualprobleme, November, 1914.*

BOOK REVIEWS

THE PHYSICAL BASIS OF SOCIETY. By Carl Kelsey. New York: D. Appleton and Company. 1916. 406 p. \$2.00.

This volume is in purpose and in effect a collection of facts bearing upon sociology, to be used as introductory material for a course in sociology. They are loosely organized in themselves and theoretical interpretation of them is almost wholly lacking. For a course in sociology or even for the preliminary basis of such a course, there is over-emphasis, perhaps, on detail, notably in the chapter on Control of Nature.

As is to be expected under such a title, the book begins with a chapter of facts concerning Earth and Man, goes on through Mutual Aid, and Struggle for Existence, Control of Nature, Evolution of Man, Heredity and Society, Race Differences, Sex Differences, Influences of Society upon Population—and ends with the two chapters, Social Institutions and the Nature of Progress. The least valuable chapters from the standpoint of comprehensiveness and workable theory are the last two on Social Institutions and the Nature of Progress. Chapter III, Control of Nature, is a very valuable summary of a mass of details in the three fields, physical materials, food plants and domestic animals, and disease. The section on control of disease does not deal at all with venereal disease except for a mention of Ehrlich's 606 as an example of the use of a specific in the warfare against disease.

In the chapter on Sex Differences, although some of the recent material which seems to signify the necessity for a revamping of our older notions of sex differences is admitted, yet on the whole, the Ellis-Thomas view is held to: that man consumes energy more rapidly than women, is more variable, better fitted for feats of strength and bursts of energy than women. What this problem needs is accurate investigation of such matters as Katabolism in individuals of the two sexes, doing similar or identical work, living under similar conditions, eating and exercising alike in quantity and kind.

F. F. B.

MENTAL CONFLICTS AND MISCONDUCT. By William Healy. Boston: Little, Brown and Company, 1917. 330 p. \$2.50.

No longer is it a mere hypothesis or an experimental assumption that in some individuals undesirable conduct is fundamentally pathological. This volume, a distinct contribution to the psychology and pathology of anti-social behavior, is a case-book covering a wide range of clinical types of misconduct, profitable alike to the experienced worker with delinquents, to the investigator orienting himself in the technique of the subject, and to the parent or teacher who is called upon to deal with misdoers. It furnishes us an intensive study of that type of misdemeanor whose causation is to be found in mental conflicts originating in certain prior experiences and resistance to them.

The author's penetration into the dynamics of the problem has brought to light the following general principles, briefly stated: (1) The existence of an irresistible, impelling drive toward behavior in direct variance with the conscious wishes and desires of the wrongdoer. (2) A direct relation between emotion-provoking experiences of childhood and delinquencies of adolescence or even major offenses of adult life. (3) Much delinquency arising from repressed emotional disturbances centering about sex experiences and ideas. (4) The efficacy of mental analysis in liberating and diverting energy stored up in such complexes. (5) The application of this method to problems of abnormal social attitudes and disordered behavior, but its necessary inapplicability to cases of constitutional inferiority, toxic or traumatic abnormalities, mental aberration consequent upon disease, or to adolescents of hypersexual tendencies.

Chapter III discusses methods of therapeutics and prophylaxis of mental conflicts. Exploration into the genetics of the difficulty is useless without reëducation, and prevention is impossible without changing the character of instruction. No reader of the case histories here presented can avoid the conclusion that frankness between parents and children is most emphatically called for. Conflicts arising from illicit sexual experience, secret sex knowledge, or the shock of unsuspected information covering facts of parents' identity are clearly shown by analysis and confession to result in stealing, running away, exhibitionism, destructiveness, sadism, masochism, poisoning, and other vicious offenses.

The concluding chapter affords terse answers to questions on the significance of a variety of factors in the genesis of mental conflict.

The author is convinced that neurotic symptoms are not ordinarily present in cases of misbehavior, that inherited predisposition is not indicated by the histories, nor are the offenders of the "shut-in" type of attitude. They do, however, seem to be hypersensitive and of more than average intellectual ability. With such, the substitution of new interests, and establishment of new ways of reacting to certain stimuli, proves most gratifying.

A thoroughly, satisfying impression derived from the book is the candid open-mindedness of the writer, his judicious survey of psychoanalysis and his rational independence of any one dogmatic school of thought.

M. C. G.

Columbia University.

THE SEXES IN SCIENCE AND HISTORY. By Eliza Burt Gamble. New York: Putnam, 1916. 407 p. \$1.50

This book contains much interesting information concerning primitive customs governing the relations of the sexes. Its main contention, that woman is the equal of man, is supported by some of the best recent scientific opinions, although the author seems unaware of that fact. There is a tone of controversy, as well as of sex antagonism throughout the book, which makes it sometimes unpleasant reading to the lover of justice. The achievements of men are held as of little real value, being purely materialistic, and thus, owing to the ascendancy of the male since history began, the present time is made to appear as one of great degeneracy, the remedy for which will be found in an overturning of society in which marriage as we know it, will be abolished and woman's instinctive altruism will inaugurate an era of pure morals. In this new time that is coming, only robust women will attempt to bear children, and men will return to the innocence of primitive times by submitting to the will of the women in sex relationships, as it is known that the males of lower species always do with their females.

This is a long look ahead, yet there are men today advocating some such return, without underestimating the peculiar excellences of their own sex or the necessity of the struggle for existence represented by male egoism, before the larger altruistic outlook could become possible for either men or women. Certainly none of them would concede Mrs. Gamble's claim that woman has an exclusive monopoly of the progressive principle and all the altruism.

In regard to the character of society under the matriarchate, a return to which is recommended, Mrs. Gamble is strangely inconsistent. At times she calls this order a "gynecocracy," declaring that woman was then supreme, and at others she is equally emphatic in her claim that the matriarchal government was a pure democracy, in which altruism and brotherhood were the dominant characteristics and class rule was unknown.

Similar inconsistencies mar the discussion of other matters, and occasionally facts which would invalidate the argument are ignored, rendering the book an unreliable guide. Nevertheless it is an interesting work and stimulating to thought.

H. B. B.

RATIONAL SEX ETHICS. By W. F. Robie. Boston: Badger Press, 1916. 356 p. \$3.50.

Though finding many things to approve in this book, the present reviewer must regard it in some respects as neither rational nor ethical, only amazingly sexual.

Among the commendable features are the following: the recognition of the grave social menace of venereal diseases; the rejection of all forms of promiscuous intercourse; the importance of preparing children for adolescence and parenthood; the value of modern religion in meeting the issue; the avoidance of the coitus interruptus in marital relations; the importance of advising individuals rather than lecturing to audiences; and the rejection of all quack literature and remedies.

Highly objectionable is the permission of "auto-erethism" (i.e., masturbation), the vulgar frankness with which details of the sex life are presented, and the method of arriving at the so-called ethical conclusions.

One of a dozen statements concerning auto-erethism is: "If the patients were married the problem was settled, if single or widowed, a solution was found by removing the stigma of sin, vice, or immorality from occasional auto-erotic relief when attempts at sublimation were inadequate" (p. 271).

If I quoted passages to prove the obscene character of the book, which prints in minutest detail the erotic confessions of normal and abnormal men and women, it would not be proper for this magazine to circulate through the mails. Never has my mind had such a prurient bath, and I have heard Forel lecture and read Krafft-Ebing. First, I

regretted having agreed to review the book, and then that I could not review it without first reading it.

The method of arriving at the result that masturbation is not injurious is that the middle-class persons, selected for their virtue, who answered a questionnaire, admitted the practice but denied any injurious effects. Did they not then lose self-respect? Were they not uncomfortable in the presence of the opposite sex? Did they not expend the vital fluid that the physical system would largely have absorbed? Did they not stimulate unnaturally the secretion of semen by mental masturbation before the act? What would a masturbator call an injurious effect? And this in the name of biological and Spencerian ethics!

The ideal method is also the best; absolute continence until marriage, involving purity of act, word, and thought. Impurity of thought is weakness in the central citadel of the soul. There is no sex necessity, say many reputable physicians, including Professor Howell at Johns Hopkins. If not, permission to defile soul and body is neither rational, nor ethical; not rational, for the reason, by re-directing attention, should control instinct; not ethical, for self-defilement is against conscience. Right physical and mental regimen reduces surplus semen to a minimum, and this surplus finds nature's relief in sleep, when, as Hawthorne says, the conscience sleeps.

The author was born in 1866. The preface was written at 43 (1909), yet for some reason the book was not published till 1916. The author is a physician, superintendent of Pine Terrace, and is one of President G. Stanley Hall's pupils. He uses and approves Freudianism, in a modified form. Woman suffrage is rejected as inimical to woman's function. The book is loosely and unsystematically written. On page 325, line 2, "peform" appears instead of "perform." Man is here presented not so much a rational animal capable of self-control with a sense of right to be respected at all costs, but a kind of barnyard cock with one hen, without respect even for the period of gestation.

H. H. H.

New York University.

THE MASTER PROBLEM. By James Marchant. New York: Moffat, Yard and Company, 1917. 371 p. \$2.00.

The Master Problem is a survey of the social evil in its manifold aspects. The author has drawn copiously upon recent investigations and studies for his facts and conclusions. Not the least among these

have been the reports of recent vice investigations in the United States. The author has also availed himself of the publications of the Bureau of Social Hygiene, and to Mr. Flexner's study of prostitution in Europe and especially to his discussions of the problem of regulation, he is indebted for much of the solid material he presents.

The book is divided into six parts. The first, entitled "The Situation Abroad," is a digest of reports presenting the extent of the traffic in the United States and South America. Reliable statistics are not presented for the Far East, but the author quotes various extracts descriptive of the life of the prostitute in China, Japan, and the Indies. Unfortunately the features that really differentiate the forms that prostitution takes in the west and in the east are inadequately presented.

Regulation is discussed in parts two and three, but nothing new is added to the subject. The author describes briefly conditions in Europe, including Great Britain, but does not succeed in presenting clearly the situation which actually exists in the countries, such as France and Germany, where nominal regulation is in vogue, and in the Scandinavian countries, in which a policy of repression, aiming towards abolition, is pursued. Some historical matter is introduced relative to the activities of Mrs. Josephine Butler and Mr. W. T. Stead in England, but the whole subject is presented in an unattractive manner and one is tempted to assume that the author has included much material merely to add to the bulk of the volume.

Part four is on the whole the most satisfactory section of the book. It summarizes, in a brief manner available to the busy reader, recent legislative activity dealing with the social evil and summarizes in convenient form the legislation of Europe and America.

In part five, the author discusses the causes predisposing to vice. He attempts to combat the idea of economic necessity as a spur to prostitution, but his refutation is no more convincing than is the claim of the advocates of this theory. In a very casual manner, he discusses the effect of pornographic literature, etc., upon social conceptions of morality, but the biological and psychological factors that enter into the problem have escaped him entirely. In the last chapter of this part the preventive and rescue work of individuals, private organizations, and reformatories are discussed, and a plea is made for higher standards of morality in the individual.

In part six, the author grapples with the problems of the declining birth rate and the changing conception of the status of the family. These have a very important, though indirect, relation to the problems

discussed in the previous pages, but Mr. Marchant views them from the religious standpoint, and not in the scientific manner which distinguishes the research of modern social workers.

On the whole, the book adds little of value to the literature on prostitution, for it lacks the patient investigation and scientific treatment which are found in the more recent books on the subject and marks a return to the undesirable sentimental method of viewing the problem. The absence of an index is a serious handicap to the earnest reader.

B. M.

THE SEXUAL CRISIS: A CRITIQUE OF OUR SEX LIFE. By Grete Meisel-Hess. New York: Critic and Guide Company, 1917. 345 p. \$3.00.

Dr. Meisel-Hess was reared in the conservative middle-class atmosphere of a German educational institution but later, in the freer thought of Berlin, suffered a somewhat violent reaction. This is evident in her presentation of *The Sexual Crisis*. The book, however, is a remarkably incisive analysis of the underlying problems of sex. Although the reform measures which she advocates may seem, to those acquainted with the problems at first hand, too radical, nevertheless the careful consideration and lofty idealism exhibited throughout make the book a contribution worthy of note. It must be remembered, too, that the book is more of a protest than a carefully considered plan of reform.

The author presents clearly the difficulties of the sexual life of our time, and paints a vivid picture of the shortcomings of marriage as it exists. The marriageable age is being pushed forward further and further. The healthiest and highest types of individuals, through economic pressure, tend less and less to propagate their kind, while drunkards, syphilitics, and defectives are allowed to marry without being obliged to disclose the infirmity. The wealthy find ways of preventing offspring while the poor continue to multiply in abundance. Our present sexual order produces misery, disease, and prostitution on the one hand, and total sexual starvation, neurasthenia, and perversion on the other.

The author's treatment of the double standard of morals, sexual hypocrisy and lies, perversion of love in prostitution, and the intense sexual misery all around us is well worth reading and pondering. Those of us who hold that the marriage institution must not only be preserved at all costs, but that no form of sexual life outside of it can be counte-

nanced by society, must at least take these shortcomings into consideration and present an adequate program for the attainment of a rational sex life within marriage and the proper preparation and control preceding it, before we can give an unequivocal answer to Dr. Meisel-Hess's contentions.

Furthermore, the author is not endeavoring to destroy the marriage institution itself. On the contrary she says very emphatically that "marriage as the permanent sexual association of one man and one woman. . . . is and must remain the ideal." She is simply protesting against existing evils and offers some valuable remedial suggestions. We agree with her that more emphasis should be placed on eugenic marriages, that practical measures should be found to help woman attain to a greater freedom of choice, that some sort of motherhood protection (endowment or insurance) should be provided, and that men and women should learn to enter the marriage relation with higher motives than are too often manifest today.

But all these suggestions and many others are already being worked out through the social hygiene movement without giving sanction to sexual relations outside of marriage.

J. R. M.

CIVILIZATION AND WOMANHOOD. By Harriet B. Bradbury. (Present Day Problem Series.) Boston: Richard G. Badger, 1916. 229 p. \$1.00.

This book is introduced to us as one treating of the condition of women in all the greatest civilizations, going back briefly to those prehistoric times of which our knowledge is chiefly by inference, and tracing human development in this connection down to the present time, with its unsolved problems and its forward look. The central thought of the book may be said to be the natural evolution of all the finest phases of civilization from those primitive affections growing out of family relationships, the importance, consequently, of a lofty conception of home life, the sex relation, friendship and social ties, and the inevitable connection between religious thought and social judgments. It traces the effect upon woman's character and the home of the religious ideals of Buddhism, of Confucianism, of Mohammedanism, and of the various forms under which Christianity has appeared through the Christian centuries. It shows the disintegrating effect of contempt for woman and the enlarged possibilities in social evolution where woman is so free and so respected that she can engage in business and

all other activities on an equality with man. And the author makes the statement that "the home life, whatever its character, determines the character and accordingly the progress or the stagnation of a race," and it is to elucidate this principle that *Civilization and Womanhood* has been written.

It is an ambitious task which has been undertaken, and we question whether in setting forth her ideas to the public the author has done justice to her subject.

The historical chapters contain a good deal of interesting material. Throughout the book a great variety of topics is discussed. Although scientific aspects of many social problems are touched upon, one does not get the impression of any really fundamental grasp of the subject on the writer's part. On many debatable questions her statements are dogmatic and largely an expression of personal opinion, often of a sentimental kind. The repeated use of the word "physicist," apparently to indicate a practitioner of medicine, appears to us objectionable.

With the main conclusions of the author regarding our present problems of the evolution of women in the home and in the larger life of the community, we are heartily in accord. They appear to us liberal and sane, and they sound a needed note of warning concerning those dangers which may be lurking in the future, dangers economic and dangers physical, a heritage from mistakes in our social customs regarding women.

S. D. H. D.

WOMAN: HER SEX AND LOVE LIFE. By William J. Robinson, M.D.
New York: Critic and Guide Co., 1917. 411 p. \$3.00.

"The task I have put before myself in this book," says the author, "is to give our girls and women sane, square, and honest information about their sex organs and sex nature, information absolutely free from luridness, on the one hand, and maudlin sentimentality on the other." In reading the book one cannot help being impressed with his sincerity; and, from the viewpoint of the psycho-pathologist and physician, he has probably succeeded in his intention. Such comment and criticism as the reviewer makes will be from the point of view of the intended consumer, a married woman without pretense to special scientific training in this field.

There are many things which commend the book to the careful consideration of women. Dr. Robinson realizes the harmfulness of sex misinformation; and he is right in emphasizing the greater importance

of proper information for woman, because her sex life involves greater "social, economic, and physical consequences."

He has to an unusual degree been able to make comprehensible to the average woman the terminology of his subject, through simple definitions and illuminating examples. In his presentation of a subject he begins with the normal and then adds the variants. Moreover he is thoroughly concise and loses no time in getting right to the questions that are in the average woman's mind. He interprets well the information which she requires. For instance his chapter on "Who may marry" is a remarkably complete and simple presentation of a difficult problem. His description of the anatomy of the sex organs is admirable in its clearness and in its scientific and unsentimental spirit.

In discussing intercourse and its accompanying problems, Dr. Robinson writes entirely from the standpoint of the medical practitioner and the man. He considers it his mission to destroy error, mysticism, and superstition, and so far as utter frankness and truthful presentation of his own viewpoint are concerned, he succeeds. It is not inconceivable, however, that women, as such, have something to contribute to the discussion.

The chapter of advice to girls in which he gives them to understand the risks they assume in entering into illicit relations might be read by any girl of maturing or matured age because of its earnestness, soundness, and wisdom. But when he deals with the subject of intra-marital intercourse he does not reckon fully with the aesthetic reactions of woman or with her intellectual and spiritual demands and increasing independence.

With regard to what he considers the normal expression of the marital relation I have no objection to offer. From his wide and intimate experience he doubtless is in a position to define normality. It is in discussing the variants that the author seems to lack insight into the woman's point of view. This is especially true of his attitude on the problem of "frigid" women with whom he classes a quarter or a third of all women. To avoid the unhappiness that this might cause in married life the author recommends that such a woman should deceive her husband as to her real feelings.

It seems to be established that men as a sex are physically more passionate than women by instinct or by social inheritance, and yet even the passions of men are admittedly subject to fluctuation, or perhaps better yet, express themselves in cycles. No one lives permanently at the crest of the wave either spiritually or physically. If a

marriage be based on fundamental intellectual and spiritual as well as physical congeniality there should be no cause for alarm in the temporary ebb of physical passion in either husband or wife. In the chapter on the single standard of morality, the lack of a spiritual element is obvious.

The chapter on race limitation deserves commendation. It is the best discussion of its necessity that the reviewer has seen. The illustrations are varied and particularly well chosen.

One would be loth to put this book in the hands of a prospective wife in spite of its many excellencies, because it is too pathological and too exclusively physical in its approach. One seldom finds a girl, in society, industry, or profession, who, when about to marry, does not feel some spiritual expectancy, not necessarily sentimental. And no one who does not understand and appreciate this spiritual appeal can successfully write on "Woman: her sex and love life."

One serious fault is noticeable, affecting structure and style as well as matter: the chapters, which are commendably short, though rather boldly titled, are in several cases addressed to and written for different readers. For example, the excellent style of painstaking definition in the chapters presumably for the uninformed girl, is abandoned for the free use of technical and even Latin terms in chapters for mature married persons, couples in danger of divorce, women at the menopause. Pedagogically the book thus condenses and accentuates the dangers found in sets of "sex books" supposed to be read at successive ages. This would not be so bad if it were not that occasionally the advice given is inconsistent. To warn girls against illicit relations and their penalties, and then more or less to condone them in the unmarried male creates a dilemma. In a book containing so many practical details, it is a surprise to find nothing said of the emotional and physical effects of most modern dancing on girls or boys—a more serious matter than many to which pages are devoted.

S. W. E.

MOTHERHOOD AND THE RELATIONSHIPS OF THE SEXES. By C. Gasquoine Hartley. New York: Dodd, Mead, and Company, 1917, 402 p. \$2.50.

On starting to write this book, the author remarks, she found it necessary to decide "whether the primary interest should rest in the eternal instincts, passions, and typical character of womanhood, or in

woman's actions and characters as affected by the unusual conditions of the time" in which the work was undertaken. As she anticipated, the decision was by no means a simple one, which probably accounts for the alternating assurance and uncertainty in regard to the rôle of women in society that dominate the work.

The book was written under the stress and strain of emotion produced by the present war which has given a tremendous impetus to the gainful employment of women and has enlisted the services of many who have carried on industrial and commercial pursuits without pecuniary compensation. The author views this movement with great apprehension. She sees it primarily in the light of the condemning facts of infant mortality and morbidity contained in recent official reports. She reflects upon it from the standpoint of a society in which for some years to come women will far outnumber men. Her conclusions, briefly stated, are a plea for a restricted separation of function for men and women, whereby men shall be primarily breadwinners and incidentally fathers, and women shall be primarily mothers and incidentally nothing else.

In line with this view the author makes a perfectly consistent argument for the removal of the stigma from illegitimate children, and for the open approval of "irregular" sex relations. While we are to continue to hold monogamic marriage as the highest and most desirable form of parentage, the quality of motherhood is after all the most important thing, and motherhood of a high order is not incompatible with polygamy.

The book is divided into five parts consisting of an introduction dealing with the position of women before and during the war. This is followed by a review of "the maternal instinct in the making," which is concerned with parenthood among insects, beasts, and birds. Then comes a series of chapters on the mother in the human family, primitive and modern. The closing part contains three chapters on sex education. The plea in the later chapters for greater frankness in sex relationships and for a more wholesome and healthier attitude toward sex is by far the strongest part of the book.

Intermingled with it is much that will make the more progressive students of the sex problem extremely impatient. They will rightly think we have long passed the time when a woman of the author's standing can talk seriously of self-sacrifice as the "supreme joy and privilege of the female." They will ask practical and troublesome questions of one who looks for "a regeneration of woman's instincts

through consciousness." They will not be satisfied with being told that "woman is the keeper of redemption" and "it is her work to lead man back to the gate of his being." Such phrases indicate fairly the vague, somewhat mystical quality of the author's approach to the problem of the position of women. On the whole it is distinctly reactionary as regards the way by which we are to advance to "a sane, complete, and profitable life" for men and women.

E. J. H.

THE HEALTHY MARRIAGE. By G. T. Wrench, M.D. New York: Hoeber, 1917. 298 p. \$1.50.

Viewed from the layman's standpoint this book may have value in its detailed explanation of the marriage relation, its difficulties, and opportunities, and in the emphasis on the normality of the process of child-bearing. It is, however, verbose and full of unnecessary discussion of details not connected with the subject—such as electric light, advertisement in dress and personal arts, amusement, and employment. Dr. Wrench's views on the proper occupations for women are certainly not adapted to the need of the woman of the present day whose intelligence will resent his suggestion that the greatest degree of inspiration and satisfaction may be found in needlework, even though its results be ugly, because of the pleasure and pride which a woman will take in her own handiwork as an expression of personality. Women have developed so many channels for the expression of personality in which mental effort and spiritual growth are involved that it is difficult to imagine a return to the needlework of covering cushions for her drawing room as a means of development.

A description of what the nurse and physician may or may not do at the time of childbirth seems unnecessary and tiresome. The condemnation of the use of alcohol at the time of marriage and during pregnancy is timely, but one wishes to eliminate the chapter expressing the opinion that alcohol in moderate quantities is defensible. The writer, after stating the objections to moderate use of alcohol of such men as Forel and Professor Kraepelin, states that he is inclined to agree with Matthew Arnold that "wine used in moderation seems to add to the agreeableness of life—for adults at any rate—and whatever adds to the agreeableness of life adds to its resources and powers." Prostitution and alcoholism alike exist through their seeming power to add to the agreeableness of life but it surely cannot be said that they add to its resources and powers.

Altogether the writer has contributed a few practical suggestions enmeshed in a labyrinth of elaborate and tiresome detail the value of which is open to question. The book is not suited to the needs of American men and women in search of practical and direct truth.

V. H. P.

THE SEXUAL DISABILITIES OF MAN AND THEIR TREATMENT AND PREVENTION. By Arthur Cooper. New York: Hoeber, 1916. Third Edition, 227 p. \$2.50.

Based on the observation and experience of the author's years of practice as a physician and surgeon, this little book is intended for the use of the "student who becomes a practitioner with little knowledge of matters which receive but scanty attention in the medical schools." But the layman, seeking information along this line, will find the book equally valuable because of its non-technical language and practical teachings.

The third edition has been enlarged by the addition of several chapters on "The Prevention of Sexual Disability," including one on venereal diseases. This is too brief to be very satisfactory, and lays little emphasis on the importance of continence in young men which, aside from its moral value, is the greatest safeguard against the infection of venereal diseases.

J. F. M.

THE STUDY OF THE BEHAVIOR OF AN INDIVIDUAL CHILD; SYLLABUS AND BIBLIOGRAPHY. By John T. McManis. Baltimore: Warwick and York, Inc., 1916. 54 p. \$.75.

Man has always been interested in the processes of growth and development, whether it be the development of a written language from the simplest picture symbols, or the growth of the acorn into an oak. Much time and study has been spent upon the evolution of races and of species, perhaps because examples of such evolution are comparatively few but the development of individuals is so commonplace that we are only beginning to see that this too is a phenomenon worthy of study and that "the development of a human being, of a personality, from a germ cell is the climax of all wonders, greater even than that involved in the evolution of a species or in the making of a world."

Realizing how important it is for a teacher to recognize the stages of this development and the bearing of a child's heredity and environment upon his actions, Professor McManis has prepared this outline

for the use of his classes, to encourage them in the study of individual children rather than imaginary cases.

Under the various topics of study, which include physical and home conditions, mental ability, plays, instinctive and group activities, motor ability, and moral characteristics, the author has given a brief explanation of what is to be covered by that particular topic and of its relations to child life in general, and has supplemented this by suggestive questions and a short bibliography.

Although the student is expected to be accurate and scientific in his investigations, great emphasis is laid upon the sympathetic relationship that must exist between the student and the child if the desired results are to be obtained. "By way of caution," says the author in the chapter on "Outside Interests and Activities of the Child," "remember that if you are to keep friendship between yourself and the child uppermost, you will need to respect most fully his rights in such matters as companionship; but on the other hand, the closer and more frank and honest you are with him, the more valuable will be your insight into his realm of confidence and intimacies. He will quite readily discuss important matters with people he trusts."

The study is an interesting attempt to combine the methods of the scientist with the spirit of the child lover and should prove a help to all who are trying to improve the conditions of children through a real understanding of their needs.

J. F. M.

NOTE AND COMMENT

Moral Conditions on the Streets of London. Experience is a most thorough yet harsh teacher. In the present war our government is avoiding many of the difficulties encountered by the other nations at war by profiting by their bitter experiences. As an example, it is interesting to note that London is now wrestling with the problem which we, through the Commission on Training Camp Activities, hope to forestall by measures directed toward promoting sobriety, abolishing the temptations of vice, and substituting wholesome recreation and constructive education.

There was held on June 27th in London a meeting under the chairmanship of the Rt. Hon. and Rt. Rev. The Lord Bishop of London for the purpose of discussing "The Moral Conditions of the Streets of London." A pamphlet distributed to those who attended, set forth the attitude of the National Vigilance Association under whose auspices the conference was called.

From much of what has been written in the papers, and spoken on public platforms, it would appear that London has since the war given alarming evidence of moral degradation. In the opinion of the Association responsible for organising this Conference such statements are exaggerated.

While the moral condition of London undoubtedly calls for the serious consideration of all moral and social reformers, there is nothing of such an abnormal character as to justify certain extreme statements which have been made; in most instances in good faith, but on incorrect information. As an Association we have tried impartially to investigate the matter with the result that we feel that the condition of the streets of London is in reality better morally, than in pre-war times. . . . We do not think further investigation is necessary. The facts are only too well known. In our opinion the time has arrived for sincere reformers to devote themselves to the consideration of remedies.

The Lord Bishop of London who opened the meeting called attention to the improved conditions of London in the past fifty years, and especially commended the Royal Commission on Venereal Diseases which has been attacking the problem from the medical angle. Mention was also made of the good effects achieved through moral suasion addressed to the better nature of the men in the ranks through educational lectures and other addresses. His suggestion that the penalties

imposed on the brothel keepers must be made more severe and stringent was met with enthusiasm and it was urged that the temptations and pitfalls engendered by the disreputable music halls be swept away.

But it was maintained that the most difficult question was that of dealing with the thousands of girls in the streets. "Sir Edward Henry has taken up 13,000 girls from the streets, and I believe he would say that there has not been much good done by taking them up." To help solve the problem women patrols were recommended and the speaker agreed with Mr. Coote of the National Vigilance Association in believing "that we ought to make it hotter for foreign *souteneurs* who come over here and practice their calling. It is a monstrous thing that we should allow London to become (as Mr. Coote says) the moral dustheap of Europe."

Sir Edward Henry, K. C. B., Chief Commissioner of Police, offered evidence that a searching investigation had been made as to the charge "that overseas forces had become conspicuously disorderly, and that much drunkenness and immorality were observable. . . . All official statistics belie this statement—the general opinion being that the restriction in the hours of sale and the prohibition of treating have greatly promoted sobriety. . . . The statement which has gained currency that this neighbourhood is characterised by the drunkenness and immorality of the persons resorting thereto, is an unjustifiable exaggeration and has no foundation of fact to support it."

Clubs and recreation centers for men in khaki, where they assemble with their fellows, as well as other convenient places where men and girls may meet under proper and kindly supervision, were commended not only as a war measure, but as a lasting benefit as well.

Lieutenant-General Sir Francis Lloyd denied that soldiers were not being looked after while on furlough from the trenches and cited some of the attempts being made to make the soldier comfortable. He pointed out that during 1916, 1,169,655 men slept in beds that were prepared for them; that there is an organized system of meeting the men at railroad stations; that there are special institutions; also buffets (canteens) for the men and that numerous clubs have generously opened their doors to the men in uniform. "There is one point about it which I may mention—the difficulty of coördinating voluntary service. These services are being run by keen and enthusiastic people, and it is sometimes difficult to coördinate them, although we are anxious to do so." His denial of the charge of excessive and unusual drunkenness is equally emphatic and convincing though it was admitted that

in a free country there was bound to be a certain percentage of men who would not and could not be restrained from indulging their desires for liquor and vice.

But I appeal to you that the soldier is not as bad as he is painted, and that under the stress and great difficulty—because it is difficult when you have been working in dirty wet trenches with bullets flying about, it is difficult when you have been in training somewhere in Great Britain under very bad conditions, as a civilian who is not used to knocking about—it is difficult to come to London with all its pleasures and temptations, and if you are a virile soldier, not to “have a go” of some sort. Remember that they are just human creatures. We want to be “To their virtues ever kind, to their faults a little blind,” and to take the second view of those faults before one says “It is all evil.” It is not all evil; things are getting better; and the state of London is far better than it was. And may it go on, and may it still get better and better.

When the Soldiers Come to Town. Mr. Elwood Street tells, in a recent issue of *The Survey*, what is being done to meet the social problems arising in connection with the coming of soldiers for training to three cities in South Carolina,—Charleston, which still holds to its segregated district; Columbia, which has abolished its district by city ordinance; and Spartanburg, where public sentiment has never tolerated a vice district. In each of these towns there is great activity on the part of Y. M. C. A.’s, Y. W. C. A.’s, women’s organizations, and other agencies to provide for the recreation and welfare of the troops.

Spartanburg, in brief, expects the new army to be made up of normal, clean young men, neither better nor worse than the average. It does not fear their “virility.” It rather suspects they will enjoy the same things the average young man out of uniform enjoys, and it intends to provide those things just as far as possible.

It remains, of course, to be seen whether cynical Charleston or dubious Columbia or hopeful Spartanburg is right. Much depends on the coöperation of the military authorities. South Carolina’s pessimists point to their many mulattoes and say Sherman’s men on their triumphant march did their best to “whiten the dark belt.” The pessimists quote with remarkable consistency stories of conditions on the Mexican border last year which would indicate an interest of military authorities there in efficiency rather than morality. The optimists point to the wholesome faces of the sailors on the streets of Charleston and of the National Guardsmen mobilized in all three cities.

St. Louis Public Health League. A unique experiment of combining the several forces laboring in the interests of public health, which promises great success, is being tried in St. Louis. Recognizing that in union there is strength, eight agencies interested in the physical well-

being of the public of that city have combined or correlated their efforts and have formed a clearing house known as the St. Louis Public Health League. The individuality of each society is not disturbed, but the league seeks to do that which the component societies could not do alone.

For instance, a health exhibit has been prepared by the league, each society supplying its unit. The placards are uniform in size, workmanship, color, arrangement, etc., with just enough difference to distinguish each unit from the others. The league is also distributing at the places where the exhibit is displayed and among patients discharged from some of the larger hospitals, a small envelope containing a set of leaflets of different colors. Each component society has supplied the text for its particular leaflet consisting mainly of instructions concerning the particular phase of public health in which it is interested.

The league is financed by distributing the expense among the various organizations represented and a certain amount is paid into the treasury by the various societies each month. While of recent origin, the league is well under way and has under consideration a number of plans which promise to be of great value. The component societies making up the league are the following: St. Louis Tuberculosis Society; Society for the Prevention of Cancer; Pre-natal Care and Social Service Department of Washington University; Visiting Nurse Association; Missouri Association for the Blind; Missouri State Social Hygiene Society; and, in an advisory capacity, the St. Louis Medical Society and St. Louis Health Department.

The advantages of this arrangement are: a closer affiliation of public health organizations; the possibility of doing in combination what could not well be done separately; no duplication or overlapping, but a correlation of effort; a decided saving of expense.

Training Camps must be Clean of Vice.—Sons and brothers are going out of thousands of honorable and honored households of the United States to give their services, their lives it may be, to the defence of the nation. They are answering the nation's call. Already, and justly, there rises from these households a demand that the nation, in return, shall at the very least provide for these, its soldier boys, every possible safeguard against the moral pitfalls that have proverbially beset the pathway of the man-at-arms. It is none too early to arouse the authorities to the need of safeguards of this sort. . . . In

short, it is clear that the forces of immorality are seeking to intrench themselves in or around every station or camp where the young men who are going forth to serve their country are likely to be assembled in any considerable numbers for instruction, for practice, or in actual performance of duty.

Strange as it may seem, city and town authorities are not, as a rule, alert to exercise their power of prevention in this situation. However much local officials may have bestirred themselves to secure the taking up of their district allotment of Liberty bonds, or to swell the contributions to the Red Cross, too often they forgot their opportunity to contribute to the support of the war by closing a resort or refusing a license to some craftily placed saloon.

The same officials, who may be emphatic in their demand for sanitary conditions at military camps, are not always equally emphatic in their willingness to insist on moral sanitation as one of the prerequisites. Civilian bodies, women's clubs, and many medical or sanitary experts are giving attention to this phase of the matter, and there are indications that the national government will not fail to act in cases where the state and local authorities are derelict. But the demand for complete extinguishment of immoral influence about camps or in the neighborhood of military or naval stations should be taken up by every well-meaning man or woman who has at heart the welfare of the country, its soldiers and the great cause which they are now seeking to defend.

To see that the boys and men in the United States service have decent surroundings while in camp or awaiting their call to positive activity is only one way in which the non-combatant population of the country can "do its bit" in the war; to assist, even passively, in giving aid or comfort to the forces that would tend to demoralize the boys who have come from their homes to offer themselves for the service of their nation is little short of treachery to that nation, and should be dealt with by those summary methods that are always in keeping with war.

For war is the great adventure of this day and generation. The nation that wages it should pause for no toleration and no quibbling when the end to be achieved is efficiency, based on what is right. The families that have given up their boys are no "slackers" in the nation's hour of need. Shall the nation be a "slacker" in its response to the demand of those families that their boys shall have proper moral protection?—*Providence, R. I., Tribune.*

Camp Mothers and Policewomen in New York. Since August 1st, New York City has been seeing what sort of work can be done by women police officers.

When the soldiers and sailors began to be concentrated in large numbers here, the Mayor's Committee of Women on National Defense urged Police Commissioner Woods to appoint policewomen for the further protection of young girls throughout the city. He agreed to a trial of the plan, provided it were approved by the various social and civic organizations of the city and by the War Department's Commission on Training Camp Activities. The Mayor's Committee promptly engaged two well-qualified women who were given the authority of special patrolmen. The *Evening Post* thus summarizes their first month's work:—

In August Mrs. Cook, in Brooklyn, interviewed 60 girls, sent 31 home, interviewed 76 soldiers and sailors, reported one case to the police, reported 5 saloons to the police, as well as one moving-picture house and one case of soliciting, and patrolled 14 districts. The Navy Yard district was patrolled every day, different hours of the day being chosen. Mrs. Douglass, in Manhattan, interviewed 274 girls, sent 185 home, took home 27 girls, and reported 12 to social agencies. She also interviewed 166 soldiers and sailors, and patrolled 47 districts.

Although having the power of arrest, neither of the two policewomen has used it. Their work supplements that of the regular patrolman who represents the majesty of the law; their chief concern has been prevention, rather than punishment and cure after offense. Weak girls they have taken out of danger, exceptionally bad resorts they have reported to the police; and they have helped both girls and men to find wholesome recreation in each other's company and in proper surroundings.

Their month of probation is now at an end, and upon their reports will be based a request to the Police Department to include in the budget for the coming year an appropriation for at least six police-women.

"Letters urging this action have already been sent to Commissioner Woods by the New York Probation and Protective Association, the Committee of Fourteen, the Y. W. C. A., the American Social Hygiene Association, the Church Mission of Help, the Association of Jewish Women, the Association of Day Nurseries, the Association of Neighborhood Workers, the Women's City Club, the New York Social Hygiene Society, the People's Institute of New York, the Brooklyn

Juvenile Probation Association, and the Fresh Air Federation. The War Department Commission on Training Camp Activities also urges the plan."

The interest of the press is further indicated by this editorial from the *Tribune*:—

CAMP MOTHERS

Police Commissioner Woods could not do a better piece of war work than to appoint women police officers to patrol parks, navy yards and armories, as urged by the Mayor's Committee of Women on National Defence.

Such a measure is not unprecedented. Eighteen months ago England officially appointed camp policewomen, after women volunteers had successfully demonstrated that their services were invaluable. That immoral conditions will prevail in army camps has long been an axiom of war, but England, first by "cordially recognizing" the volunteer policewomen and then by appointing them as officers, has raised the standard of her army life an appreciable degree.

There is no question that women officers can do this special protective and preventive work better than the average policeman. Aside from any sentimental generalizations about woman as a natural protector of the race, and apart from superfeministic claims for her superiority over man in every capacity, experience has shown that in this kind of work women are more successful than men. "Camp mothers" have unlimited opportunity for good; "camp fathers" would not get very far, one fears.

The Mayor's Committee of Women on National Defence has investigated for New York City and has found that conditions among the soldiers and sailors and young girls are far from ideal. They have demonstrated also that without arrest, without publicity, many cases of immorality can be prevented. New York should have their services as part of the city administration.

The new city budget does not go into effect until January 1. Up to that time the Mayor's Committee of Women will continue to pay the salaries of these two officers who are at present "showing" New York.

The National Education Association, at its meeting in Portland, Oregon, devoted two sessions, arranged by the American Social Hygiene Association, to the consideration of social hygiene, one on "Sex Education and the Public Schools" under the chairmanship of President W. T. Foster, of Reed College, Portland, Oregon, and one on "The Community and the Camp" at which Rt. Rev. Walter T. Sumner, Bishop of Oregon, presided.

To this meeting Dr. Charles W. Eliot addressed the following letter:—

Asticou, Maine,
30 June, 1917.

The great war inevitably increases the destructiveness of the evils which the social hygiene associations in this country have been combating for a few years past. I have lately been told by a well-informed French national official that tuberculosis, alcoholism, and venereal diseases are killing and disabling month by month more French people than the actual fighting is killing and disabling. Defense against tuberculosis is only an incidental part of the work of the social hygiene associations. Their main object is to prevent the ruin which follows upon sexual vice; but inasmuch as alcoholism and sexual vice are almost always closely associated, social hygiene societies have found it necessary to contend against both the saloon and the brothel, or in broader terms against the free sale of alcoholic beverages and prostitution. Their means of attack on these widespread evils are chiefly educational, by spreading information about them, and stimulating public opinion to demand effective legislation against them.

The great war in which the United States has now joined with all its might in defense of democracy and national liberties, and in support of the sanctity of international contracts, inevitably increases the danger to the community from alcoholism and venereal disease; because it exposes multitudes of young men to temptations which hardships and perils intensify, and the entire population to infection from returning soldiers discharged from the armies because useless and diseased. Hence the social hygiene associations should turn their attention during the war to the protection of the soldiers summoned hastily from their homes into training camps in this country, and into cantonments near the fighting lines abroad. They should make immediate provision for giving instruction to all the new levies through the Medical Corps, the agents of the Young Men's Christian Associations, and their own employees, as to the far-reaching consequences of both alcoholism and venereal disease, and for providing wholesome means of comforting and refreshing the troops after hardships, nervous strain, and intense fatigue. Under such terrible conditions many men are liable to turn in their ignorance to alcohol as a restorer; and alcohol leads them into still graver evils.

The social hygiene associations can also aid in maintaining the efficiency of the American armies by advocating effective administration of effective laws prohibiting the manufacture and sale of spirits. Indeed, several of the associations have already performed this duty.

The medical and sanitary authorities now welcome the coöperation of the social hygiene associations on economic as well as moral grounds; and public opinion is so thoroughly aroused to the necessity of preventive measures that we may reasonably hope that the American armies, while on American soil, will be better protected than armies have heretofore been in any part of the world.

By contributing in this fundamental way to the national defense the social hygiene associations will gain strength to do their regular work better in peace times.

Instruction to Soldiers. In lesson number 7 of a series prepared by the War Department and printed in the *Official Bulletin* for the benefit

of men selected for service in the national army as a practical help in getting started in the right way, it is pointed out that the soldier owes it to himself and his country to keep in good health by observing reasonable precautions and by avoiding excesses.

A part of the lesson deals with the questions of illicit sexual intercourse and venereal disease:—

It is frequently assumed by well-meaning critics that illicit sexual intercourse and venereal diseases are more common in the Army than in civil life. This is probably a mistaken impression, due largely to the fact that statistics of these diseases are collected in the Army, whereas the corresponding figures for civilian life are incomplete. In the new Army the evils of sexual immorality will be reduced to a minimum. The men will find their time and energy so fully occupied that they will have fewer temptations and dangers of this type than in everyday civil life.

One of your obligations as a citizen-soldier is to conduct yourself in such a way as to create and spread the true impression—namely, that the National Army is made up of men too much in earnest in the great task assigned to them to indulge in lewdness and vice.

The only sure safeguard against venereal disease is to avoid illicit intercourse. A clean life is the best guarantee of sound health. To maintain a clean life, keep away from those things which tend to promote sexual excitement and desire, particularly obscene conversation, reading matter, and pictures.

The moral reasons which should impel every self-respecting man to avoid debasing himself by sexual vice are well known to every man who joins the National Army and need not be recounted here. In addition to the moral reasons there rests upon every soldier the especial duty of avoiding everything that may unfit him for active and effective service. This obligation in the present crisis is even greater and more urgent than in normal times. The soldiers of the National Army will be expected and required to maintain especially high standards of conduct and to honor the uniform they are privileged to wear.

A Great Public Health Problem. There is perhaps no public health problem more important or one more difficult of solution than that of the control of venereal disease. Unlike other infections, syphilis and gonorrhea are, in the public mind, inseparable from sexual immorality, and, therefore, up to a very recent date, regarded as wholly unsuitable for discussion except at medical meetings and in scientific journals. Happily for the human race this attitude of aloofness is now fast disappearing, largely as the result of public health education conducted by a number of social hygiene organizations, and a few city and state departments of health. Thinking persons are awakening to the fact that these two diseases, world-wide in distribution, are daily causing so much domestic sorrow, illness, and

so many deaths, that the prudish plea of indelicacy can no longer be tolerated as an excuse for failure to take action against their ever-increasing spread. The ignorance of the public of the ravages of these diseases, familiar to every physician of experience, is astonishing. . . . The State Department of Health inaugurates an educational campaign against the spread of these diseases, to the end that the people of the state of New York shall have full knowledge of well-established facts, and so order their lives and the lives of their girls and boys that the victims of ignorance may be reduced to a minimum. The moral factors involved in this campaign must be left to other agencies, whose coöperation the Department of Health gladly welcomes, while adhering strictly to its proper function of suppressing disease, regardless of its origin.—*New York State Department of Health Monthly Bulletin*.

Reporting of the Venereal Diseases in New Jersey. Public Health News, the monthly bulletin of the Department of Health of the state of New Jersey, in commenting upon the new law approved March 29, 1917, says in part:—

The act contains some novel provisions, the principal one being the requirement that these diseases be reported directly to the State Department of Health instead of to local boards, to whom other communicable diseases are now reported. It is probable that the reason for this requirement lay in the belief that the records of names and addresses of these cases (which the State Department is not permitted to divulge except to the prosecutors under certain conditions) would be less likely to become public property than if they were reported to the local boards. . . .

Few of the other contagious diseases have the possibilities of causing physical damage and mental affliction that these have, yet up to the present time no adequate measures have been taken by this State to control or suppress them. Now, however, the first step looking toward their control has been made. In order that a disease may be successfully combatted its presence must be known. This is a fundamental principle which has been found applicable to all the other communicable diseases and it will be found applicable to gonorrhea and syphilis. Cases which are unknown are dangerous to the public at large because they may at any time infect others. Under intelligent supervision and treatment, the danger of infecting others is markedly diminished. Of course, there is now and then a sufferer from one or the other of these diseases whose conscience is so dulled that he cannot be trusted not to infect others after he has been fully informed of the danger of so doing, but the great majority of the sufferers from these diseases, when fully informed regarding the danger of infecting others, will take the necessary precautions to prevent the spread of such infection. . . .

The act also provides for free diagnostic service to reported cases and for the furnishing of remedial agents at cost. The diagnostic service in the case of smears from suspected cases of gonorrhoea has been furnished without cost by the State Laboratory of Hygiene to physicians in the state for many years. Complement fixation tests for gonorrhoea will be made in the near future, and Wassermann tests for syphilis are now being made without charge when properly collected specimens are sent by physicians from persons who are residents of this state. . . .

Some delay will necessarily elapse before the Department is ready to furnish the remedial agents provided for in the section above referred to. . . .

The Department is preparing circulars on these diseases for distribution by physicians to their patients. It is of the utmost importance that persons affected by these diseases shall have accurate and complete information regarding the modes of transmission and the necessity for proper treatment. It is also of great importance, if these diseases are to be controlled and if the information obtained from reports of cases be fully utilized, that adequate provision be made for the treatment of all cases by competent practitioners as long as such treatment is necessary.

Provision should be made for clinics, at which free treatment can be had by indigent cases of both sexes, under such conditions as will insure the return of these cases to the clinics until discharged. Measures are also needed which will prevent the treatment of these cases by quacks, and will also prevent the sale of remedies advertised to cure them. Attempts at self treatment are common, and are dangerous because they are ineffective. It is vitally important, if these diseases are to be cured, that they be properly treated in the earliest stages and that treatment be continued until a cure is effected. This usually takes much longer than the patient believes should be the case. These are all subjects about which legislation should be had in the near future. A beginning in the control of these diseases has been made. If the work is to be really effective, the present legislation requiring the reporting of these diseases should be supplemented by statutory requirements regarding treatment.

Kansas Makes Venereal Diseases Notifiable.—The Health Department of the State of Kansas has by authority of an act passed February 28, 1916, enacted rules and regulations for the control of communicable diseases including gonorrhea and syphilis and declaring them to be notifiable to the Department. The reports are to be made within forty-eight hours after diagnosis on blank forms provided by the Department and must include in addition to the serial number, "the type and stage of such disease; the color; the sex; the marital state; and the occupation of the person affected with the disease; and a statement as to whether or not the nature of the occupation or place of employment of the person afflicted with such disease makes him or her a menace to the health of any other person or persons." The name and address of the patient are not reported.

It also becomes the duty of the medical attendant to give the patient a circular of detailed instructions relating to his malady. Attached to this circular is the notification blank and on both instruction and notification blanks appear corresponding numbers.

Below is a reproduction of the card used in reporting cases of syphilis.

GROUP II.

No

RETURN OF NOTIFIABLE DISEASE.

Date.....191.....

Disease..... Type or stage.....

Patient's age.....; sex.....; color.....; married—single—widowed—
divorced. (Draw circle about word indicated.)Occupation..... Is occupation or place of employment such as
will make patient a menace to the health of others?..... If so, what measures
are or have been advised?.....Date of onset.....191..... Complicating diseases (such as
alcoholism, tuberculosis, etc.).....

Was diagnosis confirmed by laboratory finding? If so, which?.....

Did you give patient circular of instructions bearing above serial number?.....

Address of reporting physician.....

Signature of physician.....

Tear off this slip. Instructions are to be given to patient.

(Name of patient not required. Report confidential. Mail to State Board of Health, Topeka, Kan.)

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Syphilis in the Austrian Army. In a recent issue of the *Wiener Klinische Wochenschrift* (XXIX, No. 51), Hecht, an Austrian army surgeon, states that in his corps records are now kept of every man with venereal disease, and a certain mark opposite the name of a man on the register indicates that in no circumstances is he to be granted home leave. This restriction of home leave had previously been enforced for typhoid carriers. Hecht adds that no one seems to class the venereal diseases with infectious diseases, but he is convinced that this neglect to apply the measures that have been found reliable with other infectious diseases will avenge itself sooner or later. He estimates that the number of syphilitics in the Austrian army now must certainly be several hundreds of thousands, and complains that they are being treated in hospitals, while sound and healthy men are being shot down in their stead. This actually places a premium on

sexual infection, for the healthy have no chance of a few months' respite in the hospitals from the fighting. The effect likewise is to spare the syphilitics while the sound get killed off. He makes the very reasonable suggestion that the diagnosis should be the signal for sending the man to the front. This would have a deterrent effect; at present many prefer to take their chances with syphilis rather than with the enemy's shells. Hecht thinks it might be possible to form special companies of syphilitics as soon as the ulcers have healed over, so that the treatment could be conveniently continued and applied on the firing line, while infection of other troops would be prevented. Neisser long insisted that courses of salvarsan and mercury could be given perfectly well in the trenches. Hecht declares that it is impossible to reiterate too often the frightful danger for the populace from syphilitics in the primary phase. Since the war began, a total equivalent to sixty divisions have been temporarily withdrawn from the fighting for venereal diseases. In conclusion, Hecht insists on the necessity for enlightening the public in regard to the danger of venereal disease in candidates for matrimony.—*Medical Officer, London.*

A South African Report on Venereal Disease. Under date of August 28, 1916, a special report by the Medical Officer of Health of Johannesburg on the prevention and treatment of venereal diseases was issued, based in large part upon the work of the Royal Commission of Great Britain.

The prevalence of venereal diseases in Johannesburg, as well as elsewhere, is difficult to ascertain and as the Medical Officer of Health says: "No exact or even approximately accurate information is available, and probably it is no greater than in other large centers of population in the Union. But there is, nevertheless, reason to believe that this prevalence is very real and alarming, and also that it is increasing, especially amongst whites, partly because of the reluctance and tardiness of sufferers to secure skilled treatment, and partly because sufficient facilities have not hitherto existed either for diagnosis or treatment. . . . Figures cannot be taken as even approximately representing the prevalence of venereal disease in Johannesburg, partly because many cases are treated by private medical men, many others, as pointed out by the Royal Commission, consult 'unqualified persons,' and there are probably some (particularly syphilis) which, not being recognized at an early stage, are entirely neglected."

Facilities for diagnosis and treatment at the time of making the report were available but needed developing.

Under the old Volksraad Law No. 12 of 1895, Section 36, provision is made that every contagious syphilitic shall "have himself treated and healed by a doctor" as well as notification amongst colored persons, monthly medical examination of colored persons, and for the provision of hospital accommodation for whites and colored.

Under the Transvaal Local Government Ordinance 1912, Section 72 (10), municipalities may make by-laws for preventing the outbreak and spread of infectious *and contagious* disease, and for compelling the segregation and treatment of sufferers therefrom in suitable hospitals.

The Medical Officer of Health very strongly recommends the developing of facilities and enforcing the methods under the existing laws and believes "that the careful organization of well-considered scientific measures against venereal disease should lead rapidly to a great reduction in the number of cases and a corresponding alleviation of untold misery, and that our population may thereby soon be largely freed from one of the greatest physical scourges with which humanity is afflicted."

The recommendations are that the government guarantee 75 per cent of the expenditure involved and that a comprehensive scheme covering free diagnosis, free treatment by special clinics both for white and colored out-patients and a relatively small but extensible number of beds, free supply of remedies which will include not only salvarsan but all other medication and supplies needed. He further recommends a strong effort to obtain through the Medical Association the full coöperation of the private medical practitioner, by encouraging him to avail himself of the free diagnostic facilities of the laboratory and the educational advantages of attendance at the clinic, as well as of the consultative services of the Medical Officer, by the gratuitous issue of salvarsan to practitioners as indicated in the preceding paragraph, and by advising well-to-do applicants for treatment to obtain it through their own medical adviser, in consultation, if desired, with the Medical Officer, and in the last recommendation he urges that the utmost publicity be given to the facilities provided.



DR. FRANKLIN MARTIN, MAJOR M.R.C., MEDICAL MEMBER ADVISORY COMMISSION,
COUNCIL OF NATIONAL DEFENSE

Dr. Martin through the committees and sub-committees of the General Medical Board is directing a nationwide campaign for informing the medical profession of the government's program for combating the venereal diseases, and securing the active coöperation of physicians in applying it to civil communities as a national necessity.

SOCIAL HYGIENE AND THE WAR

FRANKLIN MARTIN

Member of the Advisory Commission, Council of National Defense

Some one has said this war is now being fought by the European nations with the salvage from the battle lines. This is probably literally true in the sense that medical science is promptly repairing and returning to the trenches enormous numbers of men who in previous wars would have been permanently retired. It has also been said that if we do not succeed in reducing the number of derelicts from this world war to the lowest terms the civil life of the nations will be wrecked after peace has been declared. This again is literally true because the exhausted nations will be able to carry only a limited load of non-producers. There is a third statement which may be made—that America's influence on the outcome of the war will depend largely on the physical efficiency of her men both abroad and at home in her shops and fields. Summed up in terms of medical administration these mean competent medical service for the military forces, adequate provision for the rehabilitation or reëducation of the crippled, and protection for the health of the civil population.

These are problems for the physician and the sanitarian. If success is to be achieved they must recognize that there are enemies behind as well as in front of the army. The triple alliance of alcohol, prostitution, and venereal diseases is one of the most dangerous of these enemies behind the lines. A soldier in the hospital with syphilis and one there because of a battle wound are both out of the fighting and a drain on the nation's resources, but the former is the more serious loss because his illness was preventable and his acquiring of it did not register a blow against the enemy before he fell. Furthermore he may become a carrier of his disease to many others in the course of years and be a lifelong burden to society.

The man who through ignorance and the temptations of commercialized prostitution becomes infected with venereal disease before he reaches the front, is a challenge to our effectiveness and sincerity in preparing for this war; the man who knowingly exposes himself to infection has failed in his duty as a soldier; the woman who yields to illicit sex relations is not as loyal to her country as we have a right to expect her to be. This is not a time for temporizing with abstract morals, nor on the other hand with conditions of immorality. Secretary of War Baker has well said, "Our responsibility in this matter is not open to question. We cannot allow these young men, most of whom will have been drafted to service, to be surrounded by a vicious and demoralizing environment, nor can we leave anything undone which will protect them from unhealthy influence, and crude forms of temptation."

It is the business of the nation to help win this war. "From the standpoint of our duty and our determination to create an efficient army, we are bound, as a military necessity to do everything in our power to promote the health and conserve the vitality of the men in the training camps,"¹ and to continue in Europe successful activities of this character during the period for which the men will be abroad. The General Medical Board has recognized from the beginning that the control of the venereal diseases constitutes one of the serious problems of the war. Its early efforts to aid the government in developing a practical program have been outlined in a previous article in this series. That program as approved by the Council of National Defense and put in operation by the several departments concerned may be summed up under measures:—

(a) For the protection of health and moral standards; (b) For dealing with prostitution and alcohol; (c) For preventive and therapeutic treatment of venereal diseases; (d) For general education of the public; and (e) Various special measures necessitated by war conditions.

¹ Letter from Secretary of War Baker to the governors of all the states and the chairmen of State Councils of Defense.

The secretaries of War and Navy have created commissions on Training Camp Activities to deal particularly with the first of these measures. The recreational, entertainment, lecture, and social activities encouraged and directed by these commissions are fairly well understood by the public, strongly organized, and well supported. State and local volunteer agencies are aiding this phase of social hygiene work. Probably upwards of \$5,000,000 has been raised for these purposes by such organizations as the American Playground Association, Young Men's Christian Association, the Knights of Columbus, the American Library Association, the Young Women's Christian Association and others equally important but more limited in their fields of activity. The concerted efforts of these and many other organizations to combat vice by making community entertainment and social acquaintance more interesting and attractive than the companionships and amusements of commercialized vice districts is without precedent in the control of venereal diseases, and deserves every encouragement. There is no doubt but that such activities make for better comradeship, better courage and better health and thus warrant the time and effort devoted to them independently of their influence on the reduction of prostitution and the venereal diseases.

The administration of the law authorizing the establishment about all military camps of zones from which prostitution and liquor are excluded by federal authority, constitutes the chief means of attacking these two important factors in the control of venereal diseases. The commissions on Training Camp Activities with the coöperation of the American Social Hygiene Association, the Bureau of Social Hygiene, Probation and Traveler's Aid Societies, the Committee of Fourteen, the Watch and Ward Society, and other law enforcement bodies, are doing excellent work in promoting community action in combating these evils. The new note in this campaign is that these activities are being directed with due regard to the whole program thereby avoiding the age-long controversy over encouraging prostitution by measures for control of venereal disease vs. the repression of prostitution at the expense

of spreading these diseases. For the first time in modern warfare a nation has undertaken seriously to grapple with this problem as a war measure.

The treatment of venereal diseases properly falls under two heads: "early treatment" or measures taken after exposure to infection but before the disease develops, and medical treatment, or measures taken after infection occurs. Both syphilis and gonorrhea are caused by organisms which may readily be destroyed by the proper application of chemicals to the surface of the injured mucous membranes or skin through which the infection finds entrance to the body. Aside from cleanliness and sexual continence, which combined are an unfailing safeguard, there are no practicable preventive measures generally applicable except the early treatment of these exposed surfaces with such chemicals.² The necessity for following careful instructions and thoroughly applying this treatment within a very few hours (eight as a maximum) after exposure to infection, and the public fear of condoning sexual license even indirectly have greatly limited this phase of treatment. There now seems to be an opportunity to place the detection and early treatment of venereal diseases on the same basis as the detection and early treatment of diphtheria, meningitis, and other dangerous communicable diseases, and to do this without condoning sexual license or lessening responsibility for proper conduct and liability to any penalties which society may be able to devise, for the protection of our moral standards. The so-called prophylactic packet prepared to be carried and applied by the individual immediately before, or immediately after exposure to infection has not proved practicable as an administrative measure in the army; and in the navy is considered an undesirable method which has been discontinued as a general requirement. It seems apparent from a study of the limitations and objections to this method of preventing infection

² I.e., Early treatment administered in regimental infirmaries under instruction comprising soap and water, bichloride solution 1/2000, 2 per cent protargol, and calomel ointment (generally referred to in the post as "prophylactic treatment.")

that its value is limited to special cases in which the physician or medical officer may determine to advise its use.

The program published elsewhere in this number of *SOCIAL HYGIENE*³ presents the details of the War Department's plan for medical control in coöperation with agencies for social control. The navy has similarly taken steps to deal effectively with this medical problem. The scientific knowledge of diagnosis and treatment gained during the past ten years has revolutionized the public health aspect of these diseases. The present war provides the opportunity to apply this knowledge on a vast scale both to soldiers and civilians. The extent to which this application may be accomplished depends largely on the education of the public to understand and support the necessary measures. The American Social Hygiene Association has laid an excellent foundation in the past few years upon which to build a broad educational campaign. Many other agencies are contributing to this work, but the emergency is such that the General Medical Board has provided further assistance through its committee on state activities which is informing all state and county medical committees and societies regarding the government's program, and through its sub-committee on venereal diseases which is working out the details of community plans for action in each extra-cantonment area. A special sub-committee on civilian coöperation has been formed to aid in organizing local support for carrying these plans into effect. This committee is coöperating with the section on venereal diseases of the Surgeon General's office and the commissions on Training Camp Activities of the War and Navy Departments. Its chairman is devoting his entire time as a volunteer to the committee and as director of public information of the American Social Hygiene Association.

The United States Public Health Service has included syphilis and gonococcus infections among the major epidemiological

³ See pp. 455 to 463, this number of *SOCIAL HYGIENE*. This has also been reprinted under the title, "Method of Attack on Venereal Diseases," and may be obtained on application to the American Social Hygiene Association, 105 West 40th Street, New York City.

problems to be worked out in the civil sanitary districts which the Service is establishing about the cantonments. Through the coöperation of the Surgeon General of the army, an officer of the sanitary corps is being added to the personnel of each sanitary unit for this purpose. The United States Hygienic Laboratory is studying such details as the provision of an adequate supply of salvarsan at low cost to civilians. Assistance is also being given in statistical studies, attempts to secure morbidity reports, and in public education.

The United States Navy includes the combating of venereal diseases in the work of the bureau of medicine and surgery, this work being assigned to the officer in charge of infectious diseases. The medical measures are correlated with other measures of the navy department for protecting the men from prostitution and alcohol. Everything is done that may reduce the number of infections after exposure occurs, or mitigate the severity of the diseases in those for whom early treatment fails. There has been much confusion in the public mind regarding the order of Secretary Daniels discarding the so-called prophylactic packet (or self-treatment preparation which the sailor was expected to apply immediately before or following exposure to infection). It has been assumed by many that Secretary Daniels barred all efforts to prevent infection, and limited the medical staff to curative measures after the symptoms developed. What the Secretary really did was to announce that every man should be credited with the will power and judgment to remain continent while on shore-leave until he had proved himself unable to live up to this standard. After every resource in this direction fails, the Secretary has been and is in favor of immediate and continued effort to combat the diseases to which the sailor has exposed himself. The full text of the Secretary's letter is appended together with the copy of a letter recently sent to the Governor of Louisiana.

It is understood that these articles on *Social Hygiene and the War* are intended to chronicle progress, through the assembling of letters, resolutions, and other documents giving evidence that the government's program is being carried out. The

following are selected for this purpose. No effort has been made to arrange or comment on them, but those interested in the social hygiene movement will find them encouraging and worthy of study.

*The General Medical Board Sends a Letter to the State Committees,
Medical Section, Council of National Defense*

To the State Committees of the Medical Section, Council of National Defense:

During the present war there is for the first time an opportunity to secure full coöperation between military and civil forces in applying the medical, social, moral and economic knowledge which has been demonstrated to have a bearing on combating the venereal diseases. Public opinion will now support a sound program which on the one hand recognizes these diseases as dangerous and communicable, and on the other zealously safeguards the moral standards that society has built up.

This program is directed first toward the environment to remove so far as possible opportunities and temptations for sexual license and to substitute attractive recreation and social acquaintance of men with women and girls under home influences. It is directed secondly toward individuals both in military and civil life to secure through education and appeal to loyalty their self-control and guidance of others. It is directed lastly toward minimizing the disease and misery resulting from failures along the first two lines of effort, through the establishment of advisory and treatment facilities for venereal diseases, provision for the care and protection of illegitimate children and their mothers, and the rehabilitation or control of women who practice prostitution, and the discipline of men who contribute to the delinquency of girls and women. Leadership in law, medicine and ethics is essential in every community which proposes to coöperate with the Government in carrying out this program.

The medical aspect of combating the venereal diseases is clear and the measures to be adopted are practicable. Syphilis and gonorrhoea must be dealt with on the same basis as that for other communicable diseases. This means that infected persons must be reported to the health authorities, and must be so instructed and controlled that they will not infect others. When ways and means are devised to meet these cardinal requirements, all the other essentials for combating the venereal diseases can be readily provided. The reporting of these diseases does not necessitate declaring the name of a patient if the physician is willing to assume full responsibility for proper treatment and the protection of the public.

In cases where the physician will not take this responsibility the health officer must exercise supervision, but the public need not know the identity of the individuals thus controlled.

In order that the physician and health officer may properly perform their duty, they must be clothed with authority and equipped with proper facilities. The authority required is a law or ordinance making syphilis and gonorrhea reportable; the facilities required cover laboratory diagnosis, salvarsan and

other drugs; ambulatory and hospital treatment and clerical and follow-up service to ensure continuous treatment and the obedience to instructions for protection of the associates of the patient. Since a large percentage of those infected cannot pay for treatment or will not readily consult a private physician, free diagnosis and advice, public dispensaries, and follow-up service by health departments are necessary.

The General Medical Board of the Council of National Defense believes the combating of venereal diseases to be one of the most important medical problems of the war, and it has, therefore, devoted time and effort to aiding the Government in outlining the policy which has been adopted. It now directs its Committee on State Activities to inaugurate a vigorous campaign for the reporting of these diseases and for their proper treatment. Its Sub-committee on Venereal Diseases is charged with the working out of administrative details for placing the comprehensive program in operation. The active coöperation of your State and County Committees is sought. Correspondence upon conditions affecting the establishment of local measures is requested. If desired a representative of the Committee will visit your state for the purpose of aiding you in promoting this important work.

By separate post a series of pamphlets relating to the subject is being sent you.

Sincerely yours,

THE GENERAL MEDICAL BOARD,
COUNCIL OF NATIONAL DEFENSE.

Committee on State Activities:

EDWARD MARTIN, Philadelphia, *Chairman*,
JOHN D. McLEAN, Philadelphia, *Secretary*,
JOSEPH C. BLOODGOOD, Baltimore,
JOHN YOUNG BROWN, St. Louis,
KARL CONNELL, New York City,
GEORGE W. CRILE, Cleveland,
RICHARD DERBY, New York City,
JOHN M. T. FINNEY, Baltimore,
JOSEPH M. FLINT, New Haven,
WILLIAM J. MAYO, Rochester,
STUART MCGUIRE, Richmond,
LIEUT.-COL. ROBERT E. NOBLE, M. C., U. S. A., Washington,
CHARLES H. PECK, New York City,
HUBERT A. ROYSTER, Raleigh,
FREDERICK T. VAN BEUREN, JR., New York City,
FRANKLIN MARTIN, *Ex Officio*,
S. F. SIMPSON, *Ex Officio*.

*The State Medical Society of Pennsylvania Adopts Resolutions
Preparatory to an Active Campaign Against Venereal Diseases*

WHEREAS, the State Medical Society of Pennsylvania is deeply concerned in all that pertains to national efficiency and health conservation; and

WHEREAS, venereal infections are among the most serious and disabling diseases to which not only the soldier and sailor but men, women, and children in civil life are liable; and

WHEREAS, they constitute a grave menace to success in the war in which we are engaged; and

WHEREAS, the Congress of the United States, the President, the secretaries of War and Navy, the Council of National Defense, and other governmental agencies have adopted a general policy for combating the venereal diseases; and

WHEREAS, a great responsibility rests upon the civil population and particularly upon the medical profession for participation in carrying out adequate measures for giving effect to the Government's policy;

Therefore, be it resolved that the Medical Society of the State of Pennsylvania pledges the support of its members to the following basis for a program of civil activities adopted by the American Medical Association:—

1. That sexual continence is compatible with health and is the best prevention of venereal infections.

2. That steps be taken toward the eradication of venereal infections through the repression of prostitution, and by the provision of suitable recreational facilities, the control of alcoholic drinks, and other effective measures.

3. That plans be adopted for centralized control of venereal infections through special divisions of the proper public health and medical services.

4. That the hospitals and dispensaries be encouraged to increase their facilities for early treatment and follow-up service for venereal diseases as a measure of national efficiency.

5. That the members of the medical profession be urged to make every effort to promote public opinion in support of measures instituted in accordance with these principles of action in the control of venereal diseases.

Be it further resolved that the Commissioner of Health of Pennsylvania be requested to take such steps as may be necessary to secure the proper reporting of venereal diseases for the purpose of securing adequate advice and treatment for all infected persons and carriers.

Be it also resolved that the Bureau of Medical Education and Licensure of the State of Pennsylvania be requested to use all possible legal measures to secure the admission of persons afflicted with venereal diseases into the hospitals of this state.

Be it also resolved that all measures proposed shall be in accord with policies of the Government for the repression of prostitution and alcohol and the safeguarding of moral standards which society has decreed.

In adopting these resolutions, the Medical Society of the State of Pennsylvania records its belief that it is now possible to place the venereal diseases upon a scientific basis as dangerous infectious diseases which may be combated by health departments with the full coöperation of the medical profession and the public at large.

The California State Board of Health and the State Military Welfare Commission under the Auspices of the Governor and the State Council of Defense Begin a State-wide Attack

CALIFORNIA STATE BOARD OF HEALTH

BUREAU OF ADMINISTRATION, SACRAMENTO

August 16, 1917.

[Sent to County Supervisors]

DEAR SIR:

Officers of the Navy and of the Western Department of the Army have called to the attention of the state authorities the need for vigorous and immediate measures for the prevention of venereal diseases in soldiers and sailors stationed in California. They call to our attention the fact that it takes \$10,000 to place one man at the front in Europe and that a vast amount of government funds will be wasted and army efficiency lost if something is not done at once to prevent venereal diseases in the troops now in California or about to arrive. The presentations of the Army and Navy, the State Military Welfare Commission and the State Board of Health to Governor Stephens resulted in the appropriation, from emergency military funds, of \$60,000 for the maintenance for two years, under the State Board of Health, of a Bureau of Venereal Diseases. This Bureau will organize this work and exercise general supervision over it according to the enclosed plan. The Governor, as well as the military authorities, recognize the seriousness of the situation and have placed upon the Board the grave responsibilities of carrying on the work.

Aside from the need for the efficient coöperation of health officers and other county officials, the supervisors will be called upon to provide proper and adequate hospital facilities for the treatment of persons who are under isolation for syphilis or gonorrhea. Preliminary steps have already been taken by several counties, but in most instances the provisions are as yet totally inadequate. I therefore urge the Board of Supervisors of which you are a member to set aside in the budget, which is now being prepared, sufficient funds to provide additional beds, wards, or even pavilions, according to the population of the county, to meet any reasonable demands which the health authorities may make in connection with the isolation of persons who cannot otherwise be prevented from spreading venereal diseases.

I am informed that on September 4 the budgets are made up for the coming year and that they cannot be changed thereafter without difficulty, I therefore urge that this matter be given immediate consideration and due provisions be made for participation in the important work of preventing venereal diseases.

Respectfully yours,

W. A. SAWYER,
Secretary.

MEASURES FOR THE PREVENTION OF VENEREAL DISEASES IN SOLDIERS AND SAILORS STATIONED IN CALIFORNIA

The state will coöperate with the army and navy in reducing venereal diseases in the men stationed in California to a minimum. To do this it will be necessary to prevent these diseases in the civil population near army and navy posts, and to extend the work as rapidly as possible throughout the state.

To carry on this work it was recommended to Governor Stephens on August 13 by the Military Welfare Commission that a Bureau of Venereal Diseases be established under the State Board of Health and that \$60,000 be appropriated from war emergency funds for its support during the next two years. The delegation which laid the plan before the Governor included Mr. Warren Olney, Jr., and Dr. Millbank Johnson of the State Military Welfare Commission, Colonel Lynch of the United States Army, Lieutenant James E. Miller of the United States Navy, and Doctors George E. Ebright and Wilbur A. Sawyer of the State Board of Health. The plan met with the hearty approval of the Governor and work will be begun immediately.

The functions of such a Bureau have been tentatively outlined as follows:—

DIRECT CONTROL

1. To secure the reporting of cases of syphilis and gonococcus infection, together with the probable sources of infection, by physicians and by the medical officers of the army and navy.

2. To investigate, with the assistance of local officials, any suspected foci of infection and to isolate infectious persons whenever it is necessary to prevent their spreading disease.

3. With the coöperation of cities and counties to care for the men and women isolated on account of venereal disease in public isolation hospitals until the patients are no longer infectious.

4. As far as possible to secure the medical examination for venereal diseases of male and female prisoners and other appropriate groups, and to provide for their isolation and treatment so that they will not spread disease when released.

5. Through the operation of this plan to prevent the heretofore common evil of one community "passing on" to another its undesirables, thereby multiplying foci of infection.

6. To focus on this subject the social forces necessary to give former prostitutes, after they have been put into good physical condition, an opportunity to enter into productive occupations under conditions fair to themselves and to the community.

PUBLIC OPPORTUNITIES FOR DIAGNOSIS AND TREATMENT

1. To investigate all clinics or hospitals treating venereal diseases and to bring into existence adequate day and evening clinics and opportunities for hospital treatment for syphilis and gonorrhea.

2. To make a list of accredited clinics in which venereal diseases are treated, accrediting only those which reach high standards in staffs, equipment and results.

3. To purchase and issue, without charge, to approved public hospitals and clinics, salvarsan or approved substitutes, for use in making cases of syphilis non-infectious in the shortest possible time.

4. To arrange with city laboratories to give free diagnostic tests for syphilis and gonococcus infections, and to encourage the more general use of the free Wassermann tests and other tests available at the Bureau of Communicable Diseases.

EDUCATIONAL

1. To issue printed pamphlets, cards and placards of information relative to the prevention of venereal disease, and to cooperate with the army and navy and other agencies in giving talks to appropriate groups.

2. To cooperate with the Military Welfare Commission in the suppression of prostitution as the principal source of venereal diseases, but avoiding confusion of the campaign against venereal diseases with the movement against vice as a strictly moral issue.

3. To oppose any local plan for licensing prostitution or issuing certificates of health to prostitutes, by showing that this is in conflict with modern methods of control of venereal diseases, and to substitute the above program, which is entirely consistent with the suppression of prostitution.

RULES AND REGULATIONS FOR THE CONTROL AND SUPPRESSION OF VENEREAL DISEASES

1. All city, county and other local health officers are, for the purpose of the control and suppression of venereal diseases, hereby designated and appointed inspectors, without salary, of the State Board of Health of California, under the provisions of Section 2979 of the Political Code.

2. All city, county and other local health officers are hereby directed to use every available means to ascertain the existence of, and immediately to investigate, all suspected cases of syphilis in the infectious stages and gonococcus infection within their several territorial jurisdictions, and to ascertain the sources of such infections.

3. In such investigations said health officers are hereby vested with full powers of inspection, examination, isolation and disinfection of all persons, places and things as in said statute provided, and as such inspectors said local health officers are hereby directed:

a. To make examinations of persons reasonably suspected of having syphilis in the infectious stages or gonococcus infection. (Owing to the prevalence of such diseases among prostitutes all such persons may be considered within the above class.)

b. To isolate such persons whenever in the opinion of said local health officer, the State Board of Health or its Secretary, isolation is necessary to protect the public health. In establishing isolation the health officer shall define the limits of the area in which the person reasonably suspected or known to have syphilis or gonococcus infections and his immediate attendant, are to be isolated, and no persons, other than the attending physicians, shall enter or leave the area of isolation without the permission of the health officer.

c. In making examinations and inspections of women for the purpose of ascertaining the existence of syphilis or gonococcus infection, to appoint women physicians for said purposes where the services of a woman physician are requested or demanded by the person examined.

d. In cases of quarantine or isolation, not to terminate said quarantine or isolation until the cases have become noninfectious or until permission has been given by the State Board of Health or its Secretary.

Cases of gonococcus infection are to be regarded as infectious until at least two successive smears taken not less than forty-eight hours apart fail to show gonococci.

Cases of syphilis shall be regarded as infectious until all lesions of the skin or mucous membranes are completely healed.

e. Inasmuch as prostitution is the most prolific source of syphilis and gonococcus infection, all health officers are directed to use every proper means of suppressing the same, and not to issue certificates of freedom from venereal diseases, as such certificates may be used for purposes of solicitation.

f. To keep all records pertaining to said inspections and examinations in files not open to public inspection, and to make every reasonable effort to keep secret the identity of those affected by venereal disease control measures as far as may be consistent with the protection of the public health.

The War Department Announces a Program of Social Hygiene for Soldiers to Safeguard their Morals and Health

THE SURGEON GENERAL'S OFFICE HAS AUTHORIZED THE FOLLOWING STATEMENT ON THE SOCIAL HYGIENE PROGRAM OF THE WAR DEPARTMENT IN RELATION TO OTHER AGENCIES

In its popular interpretation, social hygiene has been used as a phrase to refer inclusively to all efforts for protection of the population from prostitution and venereal disease. Prostitution in its various forms affords the chief opportunity for disseminating the venereal diseases and promoting sexual promiscuity. Neither the military nor the civil authorities have been able effectively to combat this medical social evil alone. The assembling of troops in the vicinity of civil communities has always introduced a difficult social problem on the one hand and on the other has attracted the promoters of organized vice, who have established the commercialized activities known to increase the supply and demand for prostitution. The civil authorities within whose jurisdiction these practices were carried on were inexperienced in dealing with the situation, and the military authorities had no legal power under which to take action.

CAN SECURE COÖPERATION

During the present war there is for the first time the opportunity to secure full coöperation between military and civil forces in applying the medical, social, moral, and economic knowledge which has been demonstrated to have a bearing on the repression of prostitution and the reduction of the prevalence of

venereal diseases. Public opinion will now support a sound program, and sufficient authority has been secured through legislative and administrative action to promise important results.

MEASURES PROPOSED

The paramount national issue is the winning of the war, and every resource, both military and civil, must be applied toward this end. The social hygiene program has, therefore, been centered administratively on the protection of the military, naval and other Governmental forces. The success attained, however, is equally to the advantage of the civil population. So far as these administrative measures relate to the United States Army they may be grouped under five headings:

1. *Army Medical Department.* Military measures for combating the venereal diseases.

2. *United States Public Health Service.* Epidemiological measures for the control of venereal diseases in the civil sanitary districts.

3. *War Department Commission on Training Camp Activities.*—(a) Law enforcement measures in the department zones. (b) Recreation measures in the department zones.

4. *Civil Authorities.* Law enforcement, recreation, facilities for treatment of venereal diseases and protection and control of women and girls.

5. *Non-official agencies.* Social hygiene activities of volunteer organizations recognized for special services.

Each of these groups includes a variety of activities carried out by widely different agencies that have been available at the moment of necessity and having proved useful have continued to function.

THE ARMY MEDICAL DEPARTMENT

The Medical Department of the Army is limited in its strictly official capacity to measures for the prevention and treatment of venereal diseases inside the military encampments. Unofficially the Surgeon General and his staff are in full accord and coöperation with the agencies to which reference has been made. A section has been organized to devote its attention to this problem, with an officer in charge of laboratory investigations, one in charge of medical work, and one in charge of educational and environmental measures and sociological studies. These officers will have the coöperation of the officer who is in charge of sanitary inspection, and the officer who directs the division of training camps. While the creation of a special section is new it should be stated that the work has been carried on by the Army for many years. The activities of the section may be summarized under the following headings:

1. Educational work adapted so far as practicable to the individual needs and responsibilities of the men and officers, and conducted through personal interviews, group talks, illustrated lectures, exhibits, pamphlets and library reference books.

2. Prophylactic stations for minimizing the number of infections developing after exposure, and for personal advice and warning directed toward lessening the number of future exposures.

3. Diagnosis and treatment facilities for cases of syphilis and gonococcus infections which develop in spite of efforts to prevent them.
4. Enforcement of penalties against those who ignore advice and instruction to avoid sexual intercourse and venereal disease.
5. Epidemiological studies of the venereal diseases to discover any new measures which may be applied.

PUBLIC HEALTH SERVICE

The United States Public Health Service has been charged with the responsibility for health conditions in civil sanitary districts surrounding military establishments. The work will be done in coöperation with the State and local authorities and with the American Red Cross through an advisory board. The venereal diseases, as dangerous communicable diseases, are included in the program. The following are the principal lines of activity to be undertaken in relation to these diseases:

1. Promotion of public opinion in support of the social hygiene program agreed upon.
2. Survey and standardization of dispensary and hospital facilities for venereal diseases.
3. Coöperation with private practitioners minimizing the dissemination of infections.
4. Extension of laboratory, clinical and advisory service for venereal diseases in communities under civil auspices.

Efforts along each of these lines will simplify and render more effective the Army measures.

COMMISSION ON TRAINING CAMP ACTIVITIES

In order to deal effectively with social hygiene in all its phases the Secretary of War has created the commission on training camp activities to carry out the law enforcement regulations promulgated by him under the authority of Congress and the President. This commission has also been charged with important activities in furnishing recreation for the troops. Under these two divisions the commission's work as it indirectly bears on the control of venereal diseases may be summarized as follows:

A. Law enforcement measures.

1. Elimination of commercialized prostitution in the cantonment zones.
2. Repression of clandestine prostitution.
3. Control of alcohol and other aids to prostitution.
4. Combating of gambling, use of drugs and other harmful practices.

B. Recreation measures.

5. Social and educational activities of recreation huts in the cantonments, and of recognized agencies in the cantonment zones.
6. Theatrical and other entertainment programs.
7. Athletic contests, tournaments and games.
8. Reception tents for visitors.
9. Libraries of popular books and other facilities provided under the direction of the commission.

CIVIL AUTHORITIES

It is recognized that neither the measures within the military establishments nor the supplementary measures in specified zones can achieve the largest success without full coöperation of civil authorities in enforcing equivalent measures in all communities accessible to the personnel of the military forces. The carrying out of the following program, which has been inaugurated in many cities and towns, is of great importance to the Army and to national efficiency:

1. Enforcement of laws and ordinances against prostitution and alcohol.
2. Establishment of proper facilities for advice and treatment of persons infected with venereal diseases.
3. Provision of attractive recreation and entertainment for the leisure hours of the population.
4. Moral protection and education of women and girls.

NON-OFFICIAL AGENCIES

The complicated interlocking of military and civil interests in the protection of soldiers and civilians from vice and disease affords an opportunity for many useful activities of volunteer agencies. This is particularly true in the field of social hygiene. In the interest of efficiency and avoidance of confusion and duplication of effort a small number of such agencies have been recognized as clearing houses for military-civil work of a very large number of organizations in their respective fields.

*This Letter Was Sent by the Secretary of War to the Mayors of
The Cities and the Sheriffs of the Counties in the Neighborhood
of All Military Training Camps*

WAR DEPARTMENT
WASHINGTON

August 10, 1917.

MY DEAR SIR:

In anticipation of the military training camp soon to be opened in your neighborhood, I am sending herewith a copy of the regulations recently issued on the question of the suppression of prostitution and the sale of alcohol to soldiers in uniform within a given radius of military posts and camps. These regulations, which are based on sections 12 and 13 of the recent Army Law, do not, I believe, need comment, and I am confident that their enforcement will help create a wholesome environment about the military camps.

There are one or two matters, however, in connection with the enforcement of the regulations, to which I would like to call your attention. In the first place, the purpose of these regulations is to put into effect sections 12 and 13 of the Army Law recently passed, so that the Army itself can coöperate with the local authorities, if necessary, in their enforcement. The regulations do not in any way lessen the necessity for police vigilance on the part of local authorities. The presence of large bodies of troops rather increases the respon-

sibility of those whose duty it is to preserve local order, and I am confident that the War Department can rely on you to the utmost to see that the regulations are rigidly enforced.

In the second place, while we have fixed a five mile radius about the camp, in which prostitution is strictly to be put down, the War Department will not tolerate evil resorts of any kind within easy reach of the camp, even though such resorts lie without the five mile zone. If places of bad repute spring up outside the five mile limit, but fairly accessible to the camp, I shall not hesitate to insist upon their elimination. Of course, it would be possible to extend the zone, and I shall not evade the responsibility in case of necessity. At the same time, if the zone is drawn with too large a radius, there is danger that the number of soldiers required to police it will be beyond the ability of the Commanding Officer readily to furnish. In such a case, therefore, it might be easier and cheaper to move the camp to a more desirable locality; provided, of course, that clean conditions could not be secured through any other course.

Finally, let me say that the War Department will not tolerate the existence of any restricted district within an effective radius of the camp. Experience has proved that such districts in the vicinity of army camps, no matter how conducted, are inevitably attended by unhappy consequences. The only practical policy which presents itself in relation to this problem is the policy of absolute repression, and I am confident that in taking this course the War Department has placed itself in line with the best thought and practice which modern police experience has developed. This policy involves, of course, constant vigilance on the part of the police, not only in eliminating regular houses of prostitution, but in checking the more or less clandestine class that walks the streets and is apt to frequent lodging houses and hotels.

I have appointed a Commission on Training Camp Activities to advise with me on matters of this kind, and through this Commission I shall keep constantly in touch with conditions about all our army camps. If you have any questions relating to the enforcement of the enclosed regulations, I trust you will not hesitate to get in touch with me or with Mr. Raymond B. Fosdick, Chairman of the Commission. Meanwhile I am sure the country is looking to us to coöperate effectively in this matter and to make the surroundings of our camps worthy of the fine spirit of the nation which entrusts these young men to us to be trained for service in a great cause.

Very truly yours,

[SIGNED] NEWTON D. BAKER,
Secretary of War.

REGULATIONS ISSUED BY THE PRESIDENT AND THE SECRETARY OF WAR, BEARING
ON SECTIONS 12 AND 13 OF THE ARMY LAW

Bulletin No. 45

WAR DEPARTMENT,
Washington, July 25, 1917.

1. Under authority of Section 12 of the act "to authorize the President to increase temporarily the military establishment of the United States," approved May 18, 1917, the following regulations are established by the President:

"No person, whether acting individually or as an officer, member, agent, representative or employe of a corporation, partnership or association, or as an agent, representative or employe of an individual, shall, in or within five miles of any military camp, except as hereinafter provided, sell or barter, directly or indirectly, either alone or with any other article any alcoholic liquor, including beer, ale, or wine, to any person, or give or serve any such alcoholic liquor to any person, except that this prohibition against serving or giving alcoholic liquor shall not apply to the serving of wines or liquors in a private home to members of the family or to bona fide guests therein other than officers or members of the military forces; and no person, whether acting individually or as a member, officer, agent, representative or employe of any corporation, partnership or association, or as an agent, representative, or an employe of an individual shall send, ship, transmit or transport in any manner or cause to be shipped, transmitted or transported in any manner, any alcoholic liquor, including beer, ale or wine, to any place within five miles of any military camp, except for use in his home as hereinbefore authorized; *Provided*, That where the existing limits of an incorporated city or town are within five miles of a military camp, the prohibition upon the sale, barter, gift, service, sending, shipment, transmission or transportation of alcoholic liquors imposed by this regulation shall not apply to any part of the incorporated city or town distant more than one-half mile from said camp."

2. Under authority of Section 13 of the Act "to authorize the President to increase temporarily the military establishment of the United States," approved May 18, 1917, the keeping or setting up of houses of ill fame, brothels or bawdy houses within five miles of any military camp, station, fort, post, cantonment, training or mobilization place being used for military purposes by the United States is prohibited.

By Order of the Secretary of War:

(250.12, A. G. O.)

[SIGNED] TASKER H. BLISS,
Major General, Acting Chief of Staff.

Official:

[SIGNED] H. P. MCCAIN,
The Adjutant General.

Two Letters from the Secretary of the Navy

NAVY DEPARTMENT
WASHINGTON

February 27, 1915.

To all Commanding Officers.

Subject: Venereal disease in the Navy.

1. The Secretary desires to call the attention of all commanding officers and, through them, of all medical officers and others concerned, to the subject of the prevalence of venereal disease in the Navy; the methods employed in dealing with these diseases; and especially to arouse renewed interest and activity in *educational* prophylaxis in this connection, looking to the careful and intelligent

instruction of the entire naval personnel in these matters, to the end that no man shall be subject to the loss of health and efficiency through ignorance of the serious and sometimes fatal results that may come to those so contaminated, and to all connected with him.

2. During the last statistical year this class of disease has caused four deaths, 138 discharges for disability, and 141,378 sick days. The total damage to the service may be shown by the statement that venereal disease caused the loss to the service of 456 men for the full period of this year. One ship in the Far East reports that 44 per cent of the crew have become infected with venereal disease of some kind during the cruise. Nearly every medical report that comes in states in substance, "venereal disease *continues* to give a greater damage rate than any other factor." This condition is not unusual, but has been equally true for many years past, nor is it intended in any way to intimate that venereal disease is more prevalent in the Navy than in other services or in civil communities from which it comes.

3. The Council on Health and Public Instruction of the American Medical Association states that these diseases are "the direct or indirect cause of one-eighth of the hospital practice in New York City;" also, that "of the deaths from disease of the female reproductive organs, 80 per cent are due to gonorrhea alone;" again, a committee of the New York County Medical Society makes the appalling statement that "200,000 people infected with venereal diseases are walking the streets of New York." It must also be remembered that a large number of permanent disabilities and fatalities occur both in civil life and the Navy from far reaching complications that are often attributed to other causes, and not recognized as the direct result of venereal infection, such as chronic rheumatic troubles, kidney, heart, brain and other diseased conditions that often follow the original venereal infection, but which may not terminate for months or years.

4. The expense entailed is worthy of consideration, not alone on account of the time lost, but for the medicaments and appliances required to care for these unfortunates; for instance, argyrol for 1914 cost \$10,800; protargol, \$8,929; one single invoice of salvarsan (the demand for which is increasing day by day) was \$17,000. The total expense for these purposes from all sources would probably show a large part of the medical department appropriation, as well as the Naval Hospital Fund, to be involved. The above is presented simply to show the importance of the subject, and the necessity for every one to do all in his power, both by precept and example, to help toward a better condition of things in this regard. Neither yellow fever, nor cholera, nor plague, nor any of the dread scourges of the world compare with the disastrous results of this constant, ever-present evil. The fact that these diseases are not inherent in the Navy, nor in any way necessarily incident to life in the service makes it particularly reprehensible that such conditions should continue to exist if they can be legitimately controlled.

5. I desire to call attention to the fact that by far the largest part of our personnel is young (under 25), many of them absolutely ignorant of anything pertaining to sex hygiene, and particularly to the types and manifestations of venereal disease, how it is contracted, or the terrible results that almost invariably follow. These young men are especially entrusted to our care, often from

the best of homes, where they have been most carefully surrounded with moral and physical safeguards. Their parents and friends, naturally, expect from this great branch of the Government service every safeguard and incentive that will protect their sons from evil and disaster of this kind.

6. Having endeavored to present to you a mere outline of some of the important features of this question, I want to review the various procedures at present in use in the Navy to protect our personnel from this source of contamination, and to care for them when once infected. The Medical Corps has always been deeply interested in this question, and I fully realize that as a whole its members have made unusual, persistent and interested efforts to control and wipe out this source of moral and physical pollution. Especially during the past five or six years have strenuous efforts been made to control these diseases, both medically, as a problem in preventive medicine, and by teaching as well. Also I know that many of our best officers of line and staff have given thought and endeavor in various ways to aid in improving conditions. Notwithstanding all these efforts, the fact remains that little, if any, impression seems to have been made in ameliorating conditions, and the statistics seem to show a sameness that is almost disheartening.

7. The procedures attempted and authorized in the Navy in connection with venereal disease may be set forth as follows:

First. Educational (moral) prophylaxis. By this I mean that efforts are made to so thoroughly inform the personnel on matters of sexual hygiene that there can be no excuse for the individual to expose himself to the dread effects of venereal or sexual derelictions through ignorance; coupled with this is the strongest possible caution and advice to shun every association that may tempt or endanger. With this instruction, the fact that continence is not inconsistent with the best manly development, and that the exercise of the sexual functions is unnecessary for the preservation of health, is taught. This idea is generally accepted by medical men today.

It is my aim to endeavor to arouse a deeper interest among officers and men in this educational campaign against the social evil, feeling that in this manner we have the only hopeful solution of the problem compatible with morality and the civil and military laws. In this position I think I am in accord with the most advanced workers in this sociological problem and have the sympathetic aid and coöperation of the medical profession and such organizations as the American Social Hygiene Association of New York.

Second. Medical prophylaxis. When the individual in the service fails to heed the repeated warnings, instructions, prohibitions, etc., given him, and despite the provisions of civil and military laws, wilfully and of his own volition exposes himself to the dangers of sexual contact, we have provided probably the most careful and thorough system of prophylactic treatment that is carried out anywhere in the world in our attempts to save the victims of venery from the dreadful results that may follow their wilful disregard of the laws of decent society.

Third. Mandatory prophylaxis. In order to bring home to the men the dea of their personal responsibility for loss of time and efficiency, I am in favor of a law which would deprive men of their pay during the time they are incapacitated by such diseases, contracted by their own indiscretions.

8. The use of the so-called "preventive or prophylactic packet" is not authorized, and I have been severely criticised in various quarters for my attitude with regard to this measure. The use of this packet I believe to be immoral; it savors of the panderer; and it is wicked to seem to encourage and approve placing in the hands of the men an appliance which will lead them to think that they may indulge in practices which are not sanctioned by moral, military, or civil law, with impunity, and the use of which would tend to subvert and destroy the very foundations of our moral and Christian beliefs and teachings with regard to these sexual matters.

9. When you consider the youth and immaturity of our personnel, including the midshipmen (our future officers) and apprentices of the service, who are entrusted to my keeping with the strong belief that every good and Christian influence inculcated by many an anxious mother or father will be fostered and even strengthened by the protecting care of the Navy, could you expect me to place, or to allow to be placed, in the hands of these often absolutely innocent boys a "preventive packet" and to say, or allow to be said to them, or inferred, that there is a possibility, or even the remotest probability, that they may need these "preventives" while on liberty.

10. The spectacle of an officer or hospital steward calling up boys in their teens as they are going on leave and handing over these "preventive packets" is abhorrent to me. It is equivalent to the Government advising these boys that it is right and proper for them to indulge in an evil which perverts their morals. I would not permit a youth in whom I was interested to enlist in a service that would thus give virtual approval to disobeying the teachings of his parents and the dictates of the highest moral code. You may say that the ideal raised is too high and we need not expect young men to live up to the ideal of continence. If so, I can not agree. It is a duty we can not shirk to point to the true ideal, to chastity, to a single standard of morals for men and women. If, unhappily, experience has taught us that too few resist temptation, that in no wise lessens our responsibility to seek to guide the youth to whom we owe a solemn duty. We need not hope to induce young men to become strong in will power, firm in resisting temptation, if we say to them: "Go in the way of sin. We have no admonition to you to refrain from evil. All that we have to say to you is to be careful not to contract disease." Such admonitions to boys in their teens would make me, as Secretary of the Navy, an apologist for looseness of morals. I could not look a boy in the Navy straight in the face while I appealed to him to lead a clean life, if I were approving the policy and the use of a measure of this kind.

11. We come now to the main object of this letter, which is to emphasize the fact that our attention has become so engrossed with the purely medical prophylaxis that I feel the *moral prophylaxis* has become neglected, and wish to arouse and reawaken interest and activity in the proper teaching of the personnel with regard to the nature and dangers of venereal diseases, and to ask the hearty coöperation of every officer and man to see, so far as his influence and example go, that every associate and shipmate does not become the victim of any of these diseases through ignorance or the lack of moral support in all that makes for continence, and for a clean and moral life.

12. Certainly, with this attitude no harm can be done, and while we may not be able to entirely wipe out this great evil, yet it is my firm conviction that much good will surely result and the bad condition be materially ameliorated.

13. To this end then it is directed that commanding officers consult with their medical officers, and that a regular and systematic course of instruction be given along the lines indicated in this letter, and it is further directed that such efforts be continued until every man is fully aware of the nature of these diseases and the dangers that will certainly overtake him if he fails to be guided by the teachings and admonition given him.

14. Nothing in the above is to be considered as minimizing or interfering in any way with the present authorized medical prophylactic measures, which fill an important place in tending to limit these diseases, and which insure the best possible care of those who are infected.

15. Attention is invited to the Confidential Circulars Nos. 1, 2, 3, and 4, issued by the Medical Department, supplies of which may be obtained by medical officers from the Naval Medical Supply Depot.

JOSEPHUS DANIELS.

September 24, 1917.

MY DEAR GOVERNOR PLEASANT:

I am sure you will agree with me that we should see to it that the young men who have enlisted in the military and naval service of the country should be shielded from those temptations to immoral conduct which, in some instances, have done more to undermine the fighting strength of an army than the bullets of the enemy.

The duty is laid upon us both to safeguard the morals of these young men in every way possible and to close up the pitfalls and evils to which they are exposed by the corrupt machinations of wicked men and women. You have doubtless noticed in the newspapers that the conditions surrounding our naval training camps in several places have been so bad that we have been obliged to call the attention of the state authorities to the existing conditions. Through the agency of the Commission on Training Camp Activities, composed of men of high standing which I have recently appointed, we have been making investigations of conditions surrounding all places where our young men are being trained for the service. The investigation recently made at New Orleans, where we have a naval station, shows conditions to be very bad and I am appealing to you to close the restricted district because of its proximity to the Navy Yard. I am informed by men who have made the investigation that the New Orleans restricted district is one of the most vicious red light districts they have discovered in any of the cities they have investigated. It comprises block after block of open "cribs" and our reports of recent date show that sailors in uniform frequent the houses in large numbers, although it is understood that the police have instructions that soldiers and sailors should be barred out.

I am enclosing a copy of a report which I have received, giving the house numbers and the dates when sailors were seen frequenting these houses of ill fame and drinking in them.

I am sending you this information with the full confidence that you will have the same feeling that I have that the authorities must see to it that our enlisted

men are protected from these menacing evils, and that you will bring all the power of the state government to bear to see that the conditions which are now menacing the moral and physical welfare of the men at the New Orleans Navy Yard are done away with.

I am sending a copy of this letter to the Mayor of New Orleans, in order that he may know of my intense desire that immediate action be taken.

Sincerely yours,

JOSEPHUS DANIELS.

*Hon. Ruffin G. Pleasant,
The Governor of Louisiana,
Baton Rouge.*

